TITLE 26 HEALTH AND HUMAN SERVICES

PART 1 HEALTH AND HUMAN SERVICES COMMISSION

CHAPTER 520 REQUIREMENTS FOR DESIGN, CONSTRUCTION, AND FIRE SAFETY IN HEALTH CARE FACILITIES

SUBCHAPTER A INTRODUCTION

DIVISION 1 GENERAL

§520.1. General.

(a) The requirements of this chapter shall apply to a licensed facility, as defined in §520.2 of this division (relating to Definitions), which includes a project in a licensed facility or a facility in the process of applying for initial licensure for a general hospital, special hospital, private psychiatric hospital, crisis stabilization unit (CSU), ambulatory surgical center (ASC), end stage renal disease (ESRD) facility, or freestanding emergency medical care (FEMC) facility.

(b) For brevity and convenience, these requirements are presented in “code language.” Use of the word “shall” indicates mandatory language and the design, elements, and construction shall conform to the requirements of this chapter. Use of the word “where or where provided” indicates the space or element shall not be required for a specific licensed facility, however, where the space or element is provided in the licensed facility, it shall meet the requirements in this chapter.

(c) Cross-references are used throughout this chapter to include language from another chapter or section in the text where the cross-reference is located. These references comprise the section number with the section name in parentheses. For example: Refer to §520.11 of this subchapter (relating to New Construction).

(d) This subchapter contains sections that address requirements applicable to a licensed facility, except as described in the facility-specific subchapters in this chapter as follows:

(1) Subchapter C, Specific Requirements for General and Special Hospitals;

(2) Subchapter D, Specific Requirements for Private Psychiatric Hospitals;

(3) Subchapter E, Specific Requirements for Crisis Stabilization Units;

(4) Subchapter F, Specific Requirements for Ambulatory Surgical Centers;

(5) Subchapter G, Specific Requirements for Freestanding Emergency Medical Care Facilities;

(6) Subchapter I, Specific Requirements for End Stage Renal Disease Facilities;

(7) Subchapter J, Specific Requirements for Home Training Only End Stage Renal Disease Facilities; or

(8) Subchapter L, Specific Requirements for Mobile/Transportable Units).

(e) Subchapter B of this chapter (relating to Common Elements for Licensed Facilities) contains common element requirements applicable to a licensed facility which shall be noted in facility-specific subchapters in this chapter.

(f) Requirements set forth in this chapter shall be minimal requirements. Physical plant and building systems may exceed these requirements where desired by the facility's governing body and where the facility meets the definition of the licensed facility in this chapter. Deviations shall be submitted to the Texas Health and Human Services Commission (HHSC) Architectural Review Unit (ARU) for review. ARU may determine the applicable intent or objective of the standards are met with the deviations.

(g) The more stringent standard, code, or requirement shall apply when a difference in requirements for construction exists, except as described in this chapter. Nothing in this chapter shall be construed as restricting innovations that provide an equivalent level of performance with these standards, provided that no other safety element or system is compromised to establish equivalency, or the intent of the definition is changed. Technical documentation which demonstrates that the proposed method or device is equivalent in quality, strength, durability, and safety to that prescribed by this chapter shall be submitted to ARU for review. Where written approval is granted by ARU, the licensed facility may install or use the equivalent product or system.

(h) This chapter addresses certain details of construction and engineering that are required for a licensed facility, but they are not intended to be all-inclusive, nor shall they be used to the exclusion of other guidance or codes.

(i) A currently licensed facility with phased projects shall comply with §520.17 of this subchapter (relating to Phased Projects).

§520.2. Definitions.

Specific terms and definitions are provided to facilitate consistency in the interpretation and application of this chapter. Some of these terms may have a broader definition in other contexts, but the definitions provided here reflect the use of the terms in this chapter. For terms that do not appear here, refer to the relevant chapter in the Texas Administration Code (TAC) as it relates to a specific licensed facility, and to Merriam-Webster Collegiate Dictionary, eleventh edition. Definitions in this chapter and the TAC shall supersede the Merriam-Webster Collegiate Dictionary.

(1) Accessible--Refer to “location terminology” in paragraph (59) of this section.

(2) Adjacent--Refer to “location terminology” in paragraph (59) of this section.

(3) Administrative areas--Designated spaces such as offices and meeting rooms that accommodate admission and discharge processes, medical records storage, medical and nursing administration, business management and financial services, human resources, purchasing, community services, education, and public relations.

(4) Airborne infection isolation (AII) room--A room designated for patients having or suspected of having an infection that is spread through coughing or other ways of suspending droplets of pathogens (e.g., COVID-19, tuberculosis, varicella-zoster virus, measles) into the air.

(5) Ambulatory surgical center (ASC)--A facility, other than a hospital, that primarily provides outpatient surgical services to patients who do not require overnight hospitalization or extensive recovery, convalescent time or observation. The planned total length of stay for an ASC patient shall not exceed 23 hours. Patient stays of greater than 23 hours shall be the result of an unanticipated medical condition and shall occur infrequently. The 23-hour period begins with the induction of anesthesia.

(6) Area--A particular extent of space or surface serving a defined function.

(7) Atrium--Refer to National Fire Protection Association (NFPA) 101: Life Safety Code, definition 3.3.27\* Atrium.

(8) Authority having jurisdiction (AHJ)--An individual or organization designated by a state or government agency to enforce building codes and other regulations related to construction projects.

(9) Bariatric patient--A patient admitted specifically for bariatric care. Also refer to “patient (or person) of size” in paragraph (79) of this section.

(10) Basic emergency services--With respect to an emergency medical condition, basic emergency services provide medical treatment of the condition necessary to assure, within reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a licensed facility, or that the woman has delivered the child and the placenta. A licensed facility may not have the appropriate equipment or medical staff to correct the underlying process to a patient who has an emergency medical condition, but the licensed facility has personal and medical equipment to stabilize (by evaluation and treat) and transfer as quickly as possible to a higher level of care licensed facility.

(11) Bay (patient)--Refer to “patient care locations” in paragraph (81) of this section.

(12) Biological waste--Waste that contains or has come into contact with bacteria or other pathogens, blood, or body fluids.

(13) Chemical waste--Waste that contains toxic, caustic, or otherwise dangerous chemicals.

(14) Clear dimension--In the interior of the licensed facility, a clear dimension is an unobstructed room dimension exclusive of built-in casework and equipment and available for functional use. At the exterior of the licensed facility, a clear dimension is an unobstructed dimension from one piece of exterior equipment to another exterior equipment or structural feature. A door clearance is an unobstructed clearance when entering and exiting through the door.

(15) Clearance--The required minimum distance between a specified object (e.g., a patient bed or exam table) and any fixed or immovable element of the environment. Clearances around patient beds, gurneys, and recliners shall be between the normal use position of the patient beds, gurneys, and the recliner in the reclining position and any adjacent fixed surface, including cabinetry, or between the adjacent sides of a patient bed, gurney and recliner. The foot of the beds, gurneys and recliners includes the corners at the foot of the patient beds, gurneys and recliners. *Note:* Movable equipment and furniture that do not interfere with functions or could be easily moved out of the way are not used to calculate minimum clearance. Refer to specific sections in this chapter where the use of a patient bed, gurney or recliner is required.

(16) Clear floor area--The floor area of a defined space that is available for functional use excluding toilet rooms, closets, lockers, wardrobes, built-in cabinetry or immovable element, alcoves, vestibules created by inboard toilet rooms, anterooms, and auxiliary work areas. *Note:* Door swings and floor space below wall-hung sinks, countertops, upper cabinets, modular units, or other wall-hung equipment that is mounted to provide usable floor space count toward “clear floor area.”

(17) Clinical sink--A flushing-rim sink or “hopper” used for disposal of blood or body fluids (e.g., bedpan washing). *Note:* This is not the same as a hand-washing sink, toilet or an instrument-cleaning sink (single- or double-sink type).

(18) Competent person--A technically experienced person, who received training on the process and understands the operation of the building systems. A competent person uses reasonable judgement regarding the building systems and shall be able to carry out the action required for the maintenance and operation of the building system.

(19) Continuing care nursery--An extended stay nursery that provides care for neonates requiring close observation (e.g., low-birth-weight babies who are not acutely ill but require more hours of nursing care than normal infants).

(20) Corridor--This is a path of travel in an area, such as in a patient care unit. It may or may not necessarily be an egress corridor, depending on its location in the licensed facility. Refer to NFPA 101: Life Safety Code for code requirements, such as minimum width and exit access route.

(21) Crisis stabilization unit (CSU)--A psychiatric facility (mental health/behavioral health) operated by a community center or other entity in accordance with Chapter 510 of this title (relating to Private Psychiatric Hospitals and Crisis Stabilization Units). A licensed CSU shall provide a maximum of 16 licensed beds and shall be either a patient care unit of a private psychiatric hospital or a licensed CSU. A CSU patient’s length of stay shall be a maximum of 15 days during the period of the month.

(22) Critical care patient care room--A special care patient room where patients are intended to be subjected to invasive procedures and connected to patient care related appliances for major injuries. Examples include special care patient rooms used for critical care, intensive care, coronary care, and special care treatment rooms such as angiography laboratories, cardiac catheterization laboratories, delivery rooms, operating rooms, post-anesthesia care units, emergency treatment rooms, and trauma rooms.

(23) Cubicle--Refer to “patient care locations” in paragraph (81) of this section.

(24) Dedicated--An area, room, or equipment used exclusively for that named function.

(25) Differential pressure--A measurable difference in air pressure that creates a directional airflow between adjacent spaces.

(26) Directly accessible--Refer to “location terminology” in paragraph (59) of this section.

(27) Documentation area--A work area associated with or near a patient care area where information specific to patients is recorded, stored, and reviewed to facilitate ready access by authorized individuals.

(28) Emergency electrical system (EES)--Refer to NFPA 99: Health Care Facilities Code definition 3.3.48\* (Essential Electrical System).

(29) End stage renal disease (ESRD) facility--A facility that provides dialysis treatment or dialysis training and support to individuals with end stage renal disease. An end stage renal disease facility is referenced in this chapter as an ESRD.

(30) Environment of care--Those physical environment features in a licensed facility that are created, structured, and maintained to support and enhance the delivery of health care, including mental health care.

(31) Environmental services (housekeeping)--Services anywhere in a licensed facility that provide general cleaning and supply identified cleaning materials (e.g., soaps, towels). *Note:* Although routine disinfection protocols can be included in such a definition, the definition is not intended to include complex, non-routine disinfection procedures nor the non-routine disposition of hazardous materials such as potentially toxic drugs or other chemicals.

(32) Examination room--A room with a bed, gurney, or examination table and capability for periodic monitoring (e.g., measurement of blood pressure or pulse oximetry) in which procedures that do not require a specialized room can be performed (e.g., pelvic examinations).

(33) Facility--Refer to “licensed facility” in paragraph (57) of this section.

(34) Final architectural inspection--A final architectural inspection shall be required to verify that the project complies with this chapter and referenced National Fire Protection Association (NFPA) codes and to ensure the project is constructed per the submitted contract construction documents. A final architectural inspection of each phase shall be conducted when the project is 100 percent completed, to the extent that equipment is operating in accordance with its specifications, fixed furnishings and cabinetry are in place, finishes are installed, and patients could be admitted and treated in all areas of the project immediately after a final architectural inspection of each phase is conducted.

(35) Fixed equipment--Equipment with track systems attached at some point in the room. *Note:* Fixed equipment includes ceiling-mounted or overhead lifts, wall-mounted lifts, and other lifting devices with fixed tracking. An alternative would be a demountable track that may be fully or partially disassembled and removed from the space.

(36) Freestanding emergency medical care (FEMC) facility--A facility that is structurally separate and distinct from a hospital and receives individuals for the provision of emergency care. Where an outpatient emergency unit is owned and operated by the hospital, it may apply for the exemption as stated in the statute and the licensing requirements.

(37) Functional program--A record of the project’s functional and operational spaces for the project. *N**ote:* The governing body or its delegate develops the facility’s functional program. The size and complexity of the project will determine the length and complexity of the facility’s functional program. A portion of the facility’s functional program shall assess the potential risks to a patient and define specific hazard’s likelihood of occurrence based on historical data and the potential to harm patients.

(38) General hospital--An inpatient medical care facility, usually for a short-term illness or condition, that:

(A) offers services, accommodations, and inpatient care unit beds for more than 24 hours for two or more unrelated individuals requiring diagnosis, treatment, or care for illness, injury, deformity, abnormality, or pregnancy; and

(B) regularly maintains, at least, clinical laboratory services, diagnostic X-ray services, treatment accommodations including surgery or obstetrical care or both, and other definitive medical or surgical treatment of similar extent.

(39) Governing body--The governing authority of a licensed facility which is responsible for the organization, management, control, and operation, including appointment of the medical staff. The governing authority includes the medical director and a representative(s) of the owner of the licensed facility, with legal authority and responsibility for the governance and operation of the licensed facility. The governing body has the overall legal responsibility for the operation and the built environment including the building systems of the licensed facility.

(40) Grade level--Refer to NFPA 101: Life Safety Code Section 3.3.91 (Finished Ground Level (Grade)).

(41) Hand sanitation station--A dispenser that contains a liquid solution that has been approved by the Food and Drug Administration for hand hygiene.

(42) Hand-washing station--An area that has a sink with a faucet that shall be operated without using hands; cleansing agents; and a means for drying hands.

(43) Hazard--Anything that has the potential to cause harm.

(44) High-pressure transmission pipeline--High pressure transmission pipeline, either liquid petroleum or natural gas, that is 6-10 inches or greater in diameter having pressures of 200 to 1500 psi and transports gas long distances at high pressures. Municipality’s main natural gas lines (distribution lines) in right-of-way serving dwellings and gas lines on property servicing gas meters shall not be considered a high-pressure transmission pipelines.

(45) Hospital--Refer to “general hospital” in paragraph (38) of this section, “private psychiatric hospital” in paragraph (84) of this section, and “special hospital” in paragraph (101) of this section, as applicable.

(46) Hybrid operating room--Refer to “surgical accommodations” in paragraph (108) of this section.

(47) Immediately accessible--Refer to “location terminology” in paragraph (59) of this section.

(48) In--Refer to “location terminology” in paragraph (59) of this section.

(49) Infection control risk assessment--A multidisciplinary organizational process that focuses on reducing risk from infection throughout the licensed facility during its construction, addition, renovation, and physical plant upgrade activities. Infection control risk assessment shall review the environment, infectious agents, human factors, and the impact of the proposed project.

(50) In-hospital skilled nursing unit--A unit provides extended stay licensed hospital beds for patients requiring skilled nursing care as part of their recovery process for such conditions as rehabilitation, recuperating stroke victims, or brain trauma victims requiring rehabilitation. The in-hospital skilled nursing unit is not a long-term care skilled nursing facility (SNF) which requires a separate license issued by HHSC Long Term Care.

(51) Inpatient--A person who has received a written order by a physician to be admitted to a hospital as an inpatient to receive inpatient health care for an intended length of stay of 24 hours or greater.

(52) Integrated dialysis system--A preconfigured system which incorporates water treatment and dialysis preparation and delivery into one system.

(53) Intermediate construction inspection--An intermediate construction inspection, conducted by the HHSC Architectural Review Unit (ARU), may be required by ARU during approximately 80% completion. Where the intermediate inspection is required, all major work above the ceiling shall be completed; however, ceilings shall not be installed.

(54) Invasive fluoroscopy--Refer to “invasive procedure” in paragraph (55) of this section.

(55) Invasive procedure--Surgical procedure that is performed in an aseptic surgical field and penetrates the protective surfaces of a patient’s body (e.g., subcutaneous tissue, mucous membranes, cornea). An invasive procedure is a surgical procedure performed by surgical specialists, including podiatrists and oral surgeons. This definition includes procedures recognized in the surgical section of the Current Procedural Terminology (CPT) published by the American Medical Association and certain other invasive procedures. Invasive procedures are surgical and other invasive procedures as operative procedures in which skin or mucous membranes and connective tissue are incised, or an instrument is introduced through a natural body orifice. “Invasive procedure” is a broad term commonly used to describe procedures ranging from a simple injection to a major surgical procedure. For the purposes of this chapter, the term is limited to this description. The intent is to differentiate those procedures that carry a high risk of infection, either by exposure of a usually sterile body cavity to the external environment or by implantation of a foreign object(s) into a normally sterile environment. Procedures performed through orifices normally colonized with bacteria and percutaneous procedures that do not involve an incision deeper than skin would not be included in this definition. This definition replaces the definition 3.3.87 (Invasive Procedure) from NFPA 99: Health Care Facilities Code.

(A) Invasive procedures encompass a range of services and include the following.

(i) Procedures requiring entry into or opening of a sterile body cavity (i.e., cranium, chest, abdomen, pelvis, joint spaces).

(ii) Procedures involving insertion of an indwelling foreign body.

(iii) Procedures including excision and grafting of burns that cover more than 20 percent of total body area.

(iv) Procedures that do not begin as an open procedure but has a recognized measurable risk of requiring conversion to an open procedure.

(v) Transesophageal echocardiography (TEE).

(vi) Extensive multi-organ transplantation.

(vii) All procedures in the surgery section of the CPT.

(viii) Therapeutic or diagnostic invasive procedures that require fluoroscopic imaging (e.g., percutaneous transluminal angioplasty or interventional angioplasty and cardiac catheterization, interventional radiology, single-plane and bi-plane procedures, cardiac stenting, electrophysiology lab (EP Lab) or implantation of devices). Invasive procedures (although minimally) involve placement of probes or catheters requiring entry into a body cavity through a needle or trocar.

(ix) Eye surgery, which is a penetration of the protective surface of a cornea. It is an invasive surgical procedure performed on the eye or its adnexa, by an ophthalmologist, in a sterile environment to correct ophthalmic conditions to minimize or prevent further damage and lower the risk of infection. Because the eye is heavily supplied by nerves, some type of anesthesia (local, topical, moderate sedation, or general anesthesia) is used and the patient's cardiovascular status is monitored. This includes laser eye surgery, such as refractive keratoplasty, to reshape the cornea of the eye and any cataract surgery.

(B) Invasive procedures exclude the following.

(i) The use of instruments such as otoscopes for examinations or very minor procedures such as drawing blood.

(ii) CT scan, ultrasound or magnetic resonance imaging (MRI) radiological procedures (organ biopsies, breast biopsies, cryoablation procedures, and spine injections) where the radiologist uses a scalpel to make a small nick in the skin for easier introduction of needle guide or needle.

(iii) Procedures performed through orifices normally colonized with bacteria and percutaneous procedures that do not involve an incision deeper than skin.

(iv) Non-invasive endoscopy.

(v) Bronchoscopy.

(vi) Transthoracic echocardiograms (TTE).

(56) Ionizing radiation--Invisible electromagnetic radiation that may be damaging to health (e.g., conventional x-rays, fluoroscopy, CT scans).

(57) Licensed facility--A distinct physical entity composed of various functional units as indicated in this chapter that is applying for or holding a current acute healthcare license for a general hospital, special hospital, private psychiatric hospital, CSU, ASC, an in-center ESRD facility, a home training end stage renal disease facility (HT-ESRD), or an FEMC facility.

(58) Ligature-resistant--Without points where a cord, rope, bed sheet, or other fabric or material can be looped or tied to create a sustainable point of attachment that may result in self-harm or loss of life.

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| (59) Location terminology--Terms for relationship to an area or room.  In | | Located within the identified area or room | |
| Directly accessible | | Connected to the identified area or room through a doorway, pass-through, or other opening without going through an intervening room or public space | |
| Adjacent | | Located next to but not necessarily connected to the identifiedarea or room and on the same floor. | |
| Immediately accessible | | Available either in or adjacent to the identifiedarea or room and on the same floor. | |
| Readily accessible | | Available on the same floor as the identifiedarea or room. | |

(60) Non-airborne infection isolation room--A room designated for a patient having or suspected of having an infection that is spread through blood or bodily fluids, such as a hepatitis B surface antigen-positive patient, referred to as HBV-infected patient.

(61) Major fraction--One-half or more.

(62) Medication safety zone--A critical area where medications are prescribed, orders are entered into a computer or transcribed onto paper documents, or where medications are prepared or administered.

(63) Minimum clearance--Refer to “clear dimension” and “clearance” in paragraphs (14) and (15) of this section.

(64) Mobile or transportable unit--Any trailer or self-propelled unit equipped with a chassis on wheels, without a permanent foundation, and intended for provision of medical services on a temporary basis. *Note:* These units are maintained and equipped to be moved.

(65) Modular or relocatable medical unit--A structure that is prefabricated and finished off-site and located at the licensed facility’s site listed on their HHSC-approved facility license.

(66) Monolithic ceiling--A ceiling constructed with a surface free of fissures, cracks, and crevices. Any penetrations such as lights, diffusers, and access panels shall be sealed or gasketed.

(67) Monolithic flooring--A floor constructed with a surface free of fissures, cracks, and crevices. Any penetrations such as equipment and access panels shall be sealed or gasketed.

(68) Neonatal intensive care unit (NICU)--A unit that provides care for medically unstable or critically ill newborns who require intensive interventions.

(69) [No exception taken](https://www.lawinsider.com/dictionary/no-exception-taken)--The register architect or professional engineer reviewed the required documents and has no objection to those documents provided and that the results of those documents comply with requirements of their construction contract documents.

(70) Nurse station--A multipurpose medical staff work area used by all caretakers in a patient care unit or patient treatment unit.

(71) Nursery beds--Nursery beds are newborn nursery patient care stations or bassinets, continuing care infant care stations or bassinets and NICU infant care stations or bassinets.

(72) Observation unit--The time for ongoing short-term treatment, assessment, and reassessment before a decision is made regarding whether a patient will require further treatment or if they are able to be discharged. Extended observation allows additional comfort measures or observation for the outpatient for usually less than twenty-four hours. Extended observation shall occur either in an outpatient unit for patients, who are sufficiently stabilized from post anesthesia care but may need further observation or in an emergency unit where observation services are commonly ordered for patients who require a significant period of treatment or monitoring to determine whether their transfer to a higher level of care licensed facility or discharge from the emergency unit is clinically appropriate.

(73) Obstetrical unit--A hospital unit that includes postpartum or labor/delivery/recovery/postpartum (LDRP) beds and may include antepartum and labor/delivery/recovery (LDR) beds and related areas such as a newborn nursery and cesarean delivery room.

(74) Occupiable or Occupied--Refer to NFPA 101: Life Safety Code Chapter 3.

(75) Office--Refer to “room” in paragraph (95) of this section.

(76) Operating room--Refer to “surgical accommodations” in paragraph (108) of this section.

(77) Outpatient--A person who receives emergency services, observation services, outpatient surgery, lab tests, X-rays, or any other medical needs that are typically met in less than 24 hours in a row. A physician has not written an order to admit a person to a hospital as an inpatient, however, an outpatient may spend the night, depending on the time of his or her arrival to the licensed facility.

(78) Patient--A person receiving medical, surgical, or psychiatric care.

(79) Patient (or person) of size--A person whose height, body width, weight, and weight distribution throughout the body require increased space for care and mobilization as well as for use of expanded-capacity devices, equipment, furniture, technology, and supplies.

(80) Patient care area--An area used primarily for the provision of clinical care to patients. Such care includes monitoring, evaluation, and treatment services. Business offices, public corridors, lounges, or similar areas typically are not classified as patient care areas.

(81) Patient care locations--

(A) Bay (patient)--A space for human occupancy with one hard wall at the headwall and three soft walls (e.g., cubicle curtains or portable privacy screen).

(B) Cubicle--A space intended for human occupancy that has at least one opening and no door and is enclosed on three sides with full-height or partial-height partitions.

(C) Patient care station--A designated space for a specific patient care function. This term does not imply any structural requirement (e.g., a PACU can have 10 patient care stations of which three are rooms, three are cubicles, and four are bays).

(D) Patient care unit­--A patient care area that provides a specific service for a group of licensed beds, such as a critical patient care unit, or a medical or surgical patient care unit.

(82) Pediatric patient--An individual from birth and continuing through 18 years of age.

(83) Person of size--Refer to *“*Patient (or person) of size” in paragraph (79) of this section.

(84) Private psychiatric hospital--A private facility for the diagnosis and treatment of mental illness or with a substance use disorder by offering services, accommodations, and inpatient care unit beds for more than 24 hours for two or more unrelated individuals, that is by or under the supervision of a physician in a therapeutically planned and professionally staffed group living and learning environment. The private psychiatric hospital provides inpatient mental health services to individuals with a mental illness or with a substance use disorder except that, at all times, a majority of the individuals admitted are individuals with a mental illness. Such services include psychiatric assessment and diagnostic services, physician services, professional nursing services, and monitoring for patient safety provided in a restricted environment.

(85) Procedure room--A room designated for the performance of patient care that requires high-level disinfection or sterile instruments and some environmental controls but is not required to be performed with the environmental controls of an invasive surgical room, such as an operating room or cesarean delivery room.

(86) Professional engineer of record--A registered and licensed engineer who is directly and professionally responsible for the total design of their portion of the project for their client and who shall assume the civil liability for the plans, specifications, and contract documents they have signed and sealed.

(87) Protective environment room--A room or unit used to protect a profoundly immunosuppressed patient with prolonged neutropenia (e.g., a patient undergoing an allogeneic or autologous bone marrow/stem cell transplant) from common environmental airborne infectious microbes (e.g., *Aspergillus* spores). *Note:* The differentiating factors between protective environment rooms and other patient rooms are the requirements for filtration and positive air pressure relative to adjoining spaces.

(88) Provisions for drinking water--Availability of immediately accessible potable water for patient, staff, and visitor needs. *Note:* This may be provided in a variety of ways, including fountains, water bottle refilling stations, and bottled water at no cost to the public, staff and patient.

(89) Provisions for telephone access--Immediately accessible audible communications for public, staff and patient. *Note:* This may be provided in a variety of ways, such as a public pay phone, house phone with appropriate instructions, or computer with Voice over Internet Protocol capabilities.

(90) Public areas--Designated spaces freely accessible to the public. *Note:* These spaces include parking areas, entrances, entrance lobbies, reception and waiting areas, public toilets, snack bars, cafeterias, vending areas, gift shops and other retail locations, health education libraries and meeting rooms, chapels, and gardens.

(91) Radioactive waste--Waste containing radioactive materials.

(92) Readily accessible--Refer to“location terminology” in paragraph (59) of this section.

(93) Registered architect of record--A registered and licensed architect who is directly and professionally responsible for the total design of the project for their client and who shall assume the civil liability for the plans, specifications, and contract documents they have signed and sealed.

(94) Regulated waste--Waste regulated by federal, state, or local governments that requires special handling and disposal, including biological, chemical, or radioactive waste.

(95) Room--A space enclosed by hard walls and having a door. *Note:* Where the word “room” or “office” is used in this chapter; a separate, enclosed space for the one named function is intended.

(96) Scrub position--A space equipped with a hands-free plumbing fixture equipped to enable medical staff to scrub their hands prior to a surgical procedure. The hot and cold-water supply is activated by a knee-action mixing valve, foot control or electronic sensor controls.

(97) Scrub station--A space with one or more hand scrub sinks.

(98) Secure area--A space to which entry is restricted for reasons of security rather than infection control (e.g., areas where prisoners are treated or where drugs or hazardous materials are stored) that do not have infection control issues but do require traffic to be limited to authorized personnel and patients.

(99) Semi-restricted corridor--A semi-restricted corridor is a separate, enclosed corridor which creates a physical barrier to provide a route from the unrestricted rooms or areas to the semi- and restricted rooms or areas. Designated semi-restricted areas shall be directly connected to the semi-restricted corridor(s).

(100) Service areas--Designated spaces that house auxiliary functions that do not routinely involve contact with patients or the public. *Note:* Examples of these spaces include supply, processing, storage, and maintenance services, such as pharmacy, dietary, sterile processing, laundry processing and storage, environmental services, engineering operations, and waste collection and storage accommodations.

(101) Special hospital--An inpatient medical care facility, usually for a short-term illness or condition, that:

(A) offers services, accommodations, and inpatient care unit beds for more than 24 hours for two or more unrelated individuals requiring diagnosis, treatment, or care for illness, injury, deformity, abnormality, or pregnancy; and

(B) regularly maintains, at least, clinical laboratory services, diagnostic X-ray services, and other definitive medical treatment of similar extent.

(102) Speech privacy--Techniques to render speech unintelligible to casual listeners. Speech privacy is a condition required by HIPAA (the Health Insurance Portability and Accountability Act).

(103) Station--Refer to“hand-washing station”, “nurse station”, “patient care locations”, and “scrub station” in paragraphs (42), (70), (81), and (97) of this section.

(104) Sterile field--Three feet around the entire operating table, gurney, or procedural chair in an invasive surgical room.

(105) Support areas for patient care units, and diagnostic and treatment areas--Designated spaces or areas in which staff members perform auxiliary functions that support the main purpose of the unit or other location. *Note:* Where the word “room” or “office” is used, a separate, enclosed space for the one named function is intended.

(106) Support areas for patients, families, and visitors--Designated spaces for the use of patients, registrants, or visitors (e.g., changing cubicles or rooms, dining rooms, toilet rooms, lounges) or families and visitors (e.g., waiting areas and lounges, children’s play areas, toilet rooms). *Note:* Where the word “room” or “office” is used, a separate, enclosed space for the one named function is intended.

(107) Support areas for staff--Designated spaces for the personal use of staff (e.g., changing cubicles or rooms, toilet rooms, showers, lounges, dining areas). *Note:* Where the word “room” or “office” is used, a separate, enclosed space for the one named function is intended.

(108) Surgical accommodations--

(A) Operating room (OR)--A room in the surgical unit that meets the requirements of a restricted area and is designated and equipped for performing invasive procedures.

(B) Hybrid operating room--An operating room which has a permanently installed equipment to enable diagnostic imaging before, during, and after surgical procedures.

(C) Cesarean delivery room--A room in the surgical unit that meets the requirements of a restricted area and is designated and equipped for performing invasive delivery procedures.

(109) System component room--A room that contains the electrical components for various imaging modalities (e.g., CT, MRI, fluoroscopy). *Note:* This room is not the same as the control room required for some imaging modalities.

(110) Telemedicine--The use of electronic information and communications technologies to provide and support health care when distance separates the patient and medical provider. *Note:* Clinical applications of telemedicine may encompass diagnostic, therapeutic, and forensic modalities. Common applications include pre-hospitalization assessment and post-hospital follow-up care, scheduled and urgent outpatient visits, medication management, psychotherapy, and consultation.Patient and provider consultations, medical imaging, remote monitoring, and education are services that can be provided via telemedicine. A variety of technologies, including videoconferencing systems, internet-based websites, digital phones, and secure e-mail, can be used to deliver telemedicine services. Telemedicine facilitates the exchange of health information, services, and education between providers and providers or patients through electronic means.

(111) Treatment room--A standard patient room in an emergency unit that may be used for a variety of functions, including patient examination and various treatments or procedures, including wound packing, suture placement, or casting.

(112) Travel distance--The distance measured along the actual path a person must take to reach the specific area. Refer to NFPA 101,Life Safety Code for travel distance definition as it relates to egress. Note: Elevators shall be excluded in calculating the travel distance.

(113) Unit--An area or space used exclusively for a single defined organizational function.

(114) Universal care bed--A patient bed that may be used for varying levels of clinical acuity. The built environment for such a bed shall be consistent with an intensive critical care unit.

(115) Unoccupied--Refer to NFPA 101: Life Safety Code Chapter 3.

(116) Zone--A space in an area or room that is used exclusively for a particular function and is not separated from the rest of the area or room by walls, partitions, curtains, or other means (e.g., family zone, medication safety zone).

§520.3. List of Tables.

Reference tables used throughout this chapter are located in subchapter M of this chapter (relating to Reference Tables).

§520.4. Minimum Requirements for New Facilities and Additions, Renovations, Alterations, or Upgrades to a Currently Licensed Facility.

(a) Construction of a facility for an initial license, including relocation, re-opening a closed facility, or a conversion of a licensed or previously licensed healthcare facility to a different licensed designation shall be in accordance with §520.11 of this subchapter (relating to New Construction).

(b) A currently licensed facility which engages in a renovation must be in accordance with §520.11 of this subchapter, §520.12 of this subchapter (relating to Additions, Renovations, and Alterations), §520.13 of this subchapter (relating to Building System Upgrades) and §520.15 of this subchapter (relating to Maintenance and Routine Repairs), as applicable. A renovation consists of any of the following:

(1) construction;

(2) additions;

(3) alterations;

(4) renovations;

(5) remodeling;

(6) equipment and finish upgrades;

(7) repairs;

(8) building system upgrade;

(9) removal of a function;

(10) demolition;

(11) change of services; or

(12) retrofitting a function, including changing of:

(A) licensed bed designations;

(B) end stage renal disease treatment and training station designations; or

(C) invasive procedural services.

(c) A currently licensed facility with no projects must comply with §520.7 of this division (relating to Currently Licensed Facility with No Projects).

(d) A currently licensed facility stricken with a disaster must comply with §520.16 of this subchapter (relating to Disaster-Stricken Licensed Facility).

(e) A licensed facility that has a final architectural inspection form, whether licensed or not, that has not opened to the public for patient treatment must comply with §520.8 of this division (relating to Licensed Facility Not in Use).

(f) The spaces or rooms as listed in this chapter shall be used for the one named function on the contract construction documents. The function of that space or room shall be prohibited from combining with other functions, unless allowed in the applicable facility-specific subchapter of this chapter of this chapter.

§520.5. Licensed Facility Obligations.

(a) A representative of the Texas Health and Human Services Commission (HHSC) shall have the authority to enter a licensed facility and during any reasonable time conduct an inspection, survey, or investigation to assure compliance with all applicable federal and state codes and standards, or prevent a violation of the rules adopted, or as directed by an order or special order of the commissioner, a special license provision, a court order granting injunctive relief, or other enforcement procedures. HHSC shall maintain the confidentiality of the licensed facility records, as applicable, under state or federal law. By applying for or holding a license for a hospital, private psychiatric hospital, crisis stabilization unit (CSU), ambulatory surgical center (ASC), end stage renal disease (ESRD) facility or freestanding emergency medical care (FEMC) facility, the licensed facility consents to entry and inspection of its facility by HHSC or a representative of HHSC.

(b) The licensee or applicant shall comply with this chapter, whether physical plant construction, renovation, alteration, remodel, or upgrades required in §520.4 of this division (relating to Minimum Requirements for New Facilities and Additions, Renovations, Alterations, or Upgrades to a Currently Licensed Facility) have been completed. The licensed facility’s owner is ultimately responsible for compliance with this chapter. Compliance with this chapter shall not constitute release from the requirements of other applicable federal, state, or local laws, codes, rules, regulations, and ordinances. A licensed facility shall comply with local codes, regardless if the physical plant is undergoing renovation, alteration, remodel, and upgrades. This chapter shall be implemented where it exceeds other codes and ordinances.

(c) A licensed facility shall provide and maintain a physical environment that provides acceptable care, comfort, and safety to occupants, and protects the health and safety of patients, staff, and the public. A licensed facility’s physical plant shall be maintained in a manner that will ensure continued licensure compliance. All hazards to life and safety and all areas of noncompliance with applicable codes and regulations shall be corrected as soon as possible, and where applicable in accordance with their plan of correction. The licensed facility shall be kept clean and shall be free from odors with an operational ventilation system. Accumulated waste material shall be removed daily or more often where necessary. Toilet rooms and bathrooms shall be maintained in a clean and sanitary condition. The licensed facility and those areas around the licensed facility that are used by the patients (including stairwells, elevators, corridors, and passageways) shall meet the local building and fire safety codes and shall be required to comply with applicable sections of this chapter.

(d) Each licensed facility shall provide security measures for patients, families, staff, and the public that are consistent with the conditions and risks inherent for its location.

(e) Each licensed facility shall be provided with reliable utilities (water, gas, sewer, and electricity).

(f) Each licensed facility shall be provided with a reliable water supply with the capacity to provide for normal usage and to meet fire-fighting requirements.

(g) The electricity shall be of stable voltage and frequency.

(h) Where natural gas is used for the operation of a generator, adequate pressure shall be maintained.

(i) A licensed facility shall comply with the following emergency preparedness and management policies and procedures.

(1) The licensed facility shall adopt, implement, and enforce a written policy for emergency preparedness and management. The policy shall be retained onsite and readily available to facility staff. The facility shall train staff on this policy annually. The facility shall assess the policy and update it based on the facility's current needs annually. Policy shall address natural disasters that go beyond normal operations such as: utility failures, fire, equipment failure, power outages, medical emergencies, acts or threats of human violence, biological, nuclear, and chemical exposures, surge capacity, evacuation, cyberthreats, or mass casualties. Policy shall indicate the procedures for responsibility of direction and control, communications, alerting and warning systems, evacuation, and closure. Policy shall indicate staff and patient actions to manage potential medical and nonmedical emergencies and include procedures to minimize harm to patients and staff along with ensuring safe facility operations. Policy shall indicate telephone numbers specific to the licensed facility’s equipment to assist staff in contacting mechanical and technical support. Policy shall indicate the space needs in the event of an emergency for operations to protect the licensed facility occupants during the event.

(2) The licensed facility’s emergency preparedness and management policy shall be provided in accordance with National Fire Protection Association (NFPA) 101: Life Safety Code. It shall indicate how the following essential building services are protected and provide continued services during a disaster:

(A) power, including temporary loss of externally supplied power;

(B) water;

(C) medical gas systems;

(D) communications;

(E) air conditioning; and

(F) in phased projects, how the licensed facility maintains the following:

(i) clean-to-dirty airflow;

(ii) emergency procedures;

(iii) criteria for interruption of protection;

(iv) construction of roof surfaces;

(v) written notification of interruptions; and

(vi) communication authority.

(3) A licensed facility shall provide an emergency-radio communication system. This system shall operate independently of the licensed facility's services. The system shall provide frequency capabilities to communicate with state emergency communication networks and access the community emergency medical services.

(4) A licensed facility shall provide a written policy for availability of food and potable water during an emergency or disaster. The policy shall be retained onsite and readily available to facility staff. An ASC, ESRD, home training end stage renal disease facility (HT-ESRD), and FEMC are not required to comply with the food requirement in this paragraph.

(5) A licensed facility shall contact annually a local disaster management representative, Emergency Operations Center to assess the need to revise the emergency policy and to ensure that local agencies are aware of the licensed facility, its provision of life-saving treatment, and the patient population served.

(6) Hospitals with an organized emergency unit or an FEMC shall participate in the local Emergency Medical Service (EMS) system, based on the licensed facility's capabilities and capacity, and the locale's existing EMS plan and protocols.

(7) A licensed facility shall designate a person to monitor and coordinate disaster preparedness drills and shall maintain documentation of the monitoring and coordination of the drills. Each staff member employed by or under contract with the licensed facility shall be able to demonstrate their role or responsibility to implement the disaster preparedness plan.

(j) A licensed facility shall comply with the following requirements for fire protection and prevention.

(1) The licensed facility shall adopt, implement, and enforce a written policy for fire preparedness management. The policy shall be retained onsite and readily available to facility staff. The facility shall train staff on this policy annually. The facility shall assess the policy and update it based on the facility's current needs annually. The licensed facility shall meet the requirements of NFPA 101: Life Safety Code for evacuation and relocation plans and fire drills in addition to the requirement in this section.

(2) The licensed facility shall designate a facility staff member to monitor and coordinate fire drills and shall maintain documentation of the monitoring and coordination of the fire drills.

(3) Each facility staff member employed by or under contract with the licensed facility shall be able to demonstrate their role or responsibility to participate in a fire drill.

(4) All incidents of fire shall be reported to the local fire authority and shall be reported in writing to HHSC per HHSC’s website. Report shall be submitted, as soon as possible, but not later than 10 calendar days following the incident. Any fire incident causing injury to a person shall be reported no later than the next business day.

(5) When a licensed facility is located outside of the service area or range of the public fire protection, arrangements shall be made to have the nearest fire department respond in case of a fire.

(6) The facility shall adopt, implement, and enforce a written smoking policy.

(7) A licensed facility shall comply with local fire codes and maintain its fire alarm system. A copy of a written fire safety survey or fire marshal report, indicating approval by the local fire authority in whose jurisdiction the licensed facility is based, shall be retained onsite and readily available. The licensed facility shall retain at least two annual reports. Report/survey shall indicate the licensed facility’s physical location. A fire safety survey shall be conducted annually.

(8) When a fire alarm is non-operational, the licensed facility must comply with the reporting requirements in §520.183 of this chapter (relating to Electrical Systems).

(k) A licensed facility shall provide equipment and emergency equipment and shall meet the requirements in this subsection and the requirements in the facility sections.

(1) The licensed facility must meet the storage requirements for both equipment and emergency equipment, as defined in §520.73 of this chapter (relating to Equipment Storage) and described in the facility-specific subchapters in this chapter as follows:

(A) Subchapter C, Specific Requirements for General and Special Hospitals;

(B) Subchapter D, Specific Requirements for Private Psychiatric Hospitals;

(C) Subchapter E, Specific Requirements for Crisis Stabilization Units;

(D) Subchapter F, Specific Requirements for Ambulatory Surgical Centers;

(E) Subchapter G, Specific Requirements for Freestanding Emergency Medical Care Facilities;

(F) Subchapter I, Specific Requirements for End Stage Renal Disease Facilities;

(G) Subchapter J, Specific Requirements for Home Training Only End Stage Renal Disease Facilities; or

(H) Subchapter L, Specific Requirements for Mobile/Transportable Units).

(2) The facility shall make adequate age-appropriate supplies and equipment available and readily accessible, including blood pressure cuffs, dialyzers, and blood tubing.

(3) The facility shall comply with the following applicable codes.

(A) Equipment used by a licensed facility, including backup equipment, shall be Food and Drug Administration approved or Underwriters Laboratory (UL) listed and operated in accordance with the manufacturer's directions for use.

(B) Equipment and appliances shall be properly grounded per NFPA 99: Health Care Facilities Code.

(C) Equipment and appliances shall meet all applicable requirements of the federal Food, Drug, and Cosmetic Act.

(4) The facility shall comply with the following working condition requirements.

(A) Equipment shall be operational and maintained free of defects which could be a potential hazard to patients, staff, or visitors. Staff shall be able to identify malfunctioning equipment and report such equipment to the appropriate staff for repair. Medical equipment that malfunctions shall be clearly labeled and immediately removed from service until the malfunction is identified and corrected. Where maintenance of equipment is needed, it shall be documented and retained onsite. Preventative maintenance and repair of equipment shall be performed by qualified staff personnel or qualified contract personnel. After repairs or alterations are made to any equipment or system, the equipment or system shall be thoroughly tested for proper operation and disinfected before use by patient.

(B) When a generator is non-operational, the licensed facility must comply with the reporting requirements in §520.183 of this chapter.

(5) A licensed facility shall comply with the following document requirements.

(A) The licensed facility shall adopt, implement, and enforce a written preventive maintenance policy for the periodic testing and maintenance of the emergency equipment in accordance with the manufacturer's direction for use or at least annually. The testing shall be documented and retained onsite. This includes patient care related equipment used in a licensed facility or provided by a licensed facility for use by the patient in their home; for instance, home dialysis machines receiving electrical safety inspections.

(B) The licensed facility shall establish and maintain an equipment list or equipment plan and the list or plan shall be retained onsite. It shall include fixed radiological modalities and items of equipment connected to the essential electrical system as required by this chapter and NFPA 99: Health Care Facilities Code.

(C) The licensed facility shall maintain a record of maintenance and repairs, equipment or system repair log onsite and have these records readily available.

(D) The licensed facility shall adopt, implement, and enforce a written preventative policy to prevent human exposure to surgical smoke using a surgical smoke evacuation system during each planned surgical procedure that is likely to generate smoke at the site of origin. This does not mean removal of surgical smoke from the entire room. Surgical smoke evacuation system means equipment designed to capture, filter, and remove surgical smoke at the site of origin and before the surgical smoke contacts the eyes or respiratory tract of the individuals occupying the room where the surgery is performed. During the final inspection, the surgical smoke equipment must be present and operational, and the facility’s written policy shall be submitted as a required document for the inspection.

(6) At minimum, the emergency equipment in the facility shall consist of the following features:

(A) oxygen;

(B) ventilatory assistance equipment, to include airways, manual breathing bag, and mask;

(C) suction equipment;

(D) medication and supplies specified by the medical director;

(E) automated external cardiac defibrillator (AED);

(F) blood pressure monitoring equipment;

(G) space for a cardiopulmonary resuscitation (CPR) crash cart, including space for an electrical receptacle in accordance with §520.183(k) of this chapter;

(H) pulse oximeter or similar medical device to measure blood oxygenation; and

(I) where an emergency unit is provided, including an FEMC, stabilization devices for cervical injuries, laryngoscopes and endotracheal tubes, and equipment and supplies for the administration of intravenous medications, supplies and equipment for the control of bleeding, and emergency splinting of fractures shall be provided.

(l) Where hemodialysis services are provided at least one complete dialysis machine shall be available in the licensed facility as backup for every ten dialysis machines in use. At least one of these backup machines shall be completely operational during hours of treatment. Machines not in use during a patient shift shall be permitted to be counted as backup.

§520.6. Commencement of Construction or Use of an Altered Space.

(a) The licensed facility’s owner or administrator shall not commence construction, erection, repair, addition, modification in function, or other renovations noted in §520.4 of this division (relating to Minimum Requirements for New Facilities and Additions, Renovations, Alterations, or Upgrades to a Currently Licensed Facility) without the Texas Health and Human Services Commission (HHSC) Architectural Review Unit (ARU) written approval of the project’s application package, or as noted in §520.15 of this subchapter (relating to Maintenance and Routine Repairs) for facility types listed in §520.1 of this division (relating to General). Application package submission shall comply with this section.

(b) The application package shall be submitted according to the processes indicated on HHSC’s website and shall meet the requirements in this section. Application packages approved by ARU, 60 calendar days prior to the effective adoption date of this chapter, may either meet the requirements in this chapter or the current state licensing rules before the effective adoption date takes effect. The selection of chapter shall be indicated in the facility’s functional program. Where the application package is submitted during this period, the applicant may forgo the submission of the contract construction documents up to 90 calendar days after this chapter’s effective adoption date. Projects without the ARU’s approval by the effective adoption date shall comply to the requirements as set forth in this chapter.

(c) Where minor revisions to the contract construction documents are necessary to accommodate a revised equipment selection, accommodate local official requirement or similar adjustments, the updated drawings shall not be submitted to ARU.

(d) A licensed facility’s owner or administrator shall either close out a project with the ARU according to the processes indicated on HHSC’s website or submit written notification that the project has been terminated and is in accordance with §520.5(b) of this division (relating to Licensed Facility Obligations).

(e) A facility’s owner or administrator shall not provide any patient care, treatment, examination, or allow any patient occupancy for any project listed in §520.4 of this division, without approval from HHSC. Part of ARU’s approval shall be contingent upon the receipt and approval of the application package for the project, the inspection(s), and the required documents listed in this chapter. An approved plan of corrections for any inspection may be required before any patient care, treatment, examination, or any patient or staff occupancy is permitted. Inspections shall be conducted according to the processes indicated on HHSC’s website and each facility type’s applicable chapters in the Texas Administrative Code. The licensed facility shall comply with the requirements of this chapter before a final architectural inspection is conducted.

§520.7. Currently Licensed Facility with No Projects.

(a) This chapter shall not be applied retroactively to a licensed facility who holds a current license before the effective date of this chapter where they meet the physical plant licensing requirements under which they were constructed, renovated, altered, remodeled, or upgraded, and meet the existing occupancy requirements noted in National Fire Protection Association (NFPA) 101: *Life Safety Code* and NFPA 99: Health Care Facilities Code. An existing licensed facility that does not comply with the requirements of this chapter or standards referenced in this chapter shall be permitted to continue in service, provided that the lack of conformity with this chapter does not present a serious hazard to the occupants as determined by the authority having jurisdiction.

(b) A change of ownership shall not constitute a change of physical plant requirements where the license is still active during the change of ownership, the type of facility license is unchanged, and the physical plant is unchanged. A change of ownership may require a final architectural inspection by the Texas Health and Human Services Commission Architectural Review Unit.

§520.8. Licensed Facility Not in Use.

(a) Where a Final Architectural Inspection Form was issued, and the facility has not received a facility license, or a licensed facility holds an inactive status, or a licensed facility has not provided patient care within 90 calendar days of the Final Architectural Inspection Form’s approval date, the facility shall submit a letter to the Texas Health and Human Services Commission Architectural Review Unit (ARU) that documents the reason. Upon review, ARU may reinspect the facility to ensure the building and its systems were maintained. Upon reviewing photographs, maintenance records, and building systems’ logs, ARU may waive the re-inspection. Maintenance records and logs may include dialysis water system and concentrate delivery system, generator logs, air test and balance logs, and air handler filter logs.

(b) When a licensed facility is not in use and where the word “Emergency” or “Ambulance” is displayed at any exterior location on the building or site, those words shall be covered completely or removed to avoid confusion to the public who would be expecting emergency services.

§520.9. Licensed Facility Location.

(a) A licensed general hospital, special hospital, crisis stabilization unit (CSU), ambulatory surgical center (ASC), end stage renal disease (ESRD) facility, home training end stage renal disease (HT-ESRD), or freestanding emergency medical care (FEMC) facility shall be in one distinct contiguous, identifiable location. In a multi-tenant building, the licensed facility shall not occupy two or more noncontiguous areas which contain intervening space of other tenants or occupancy types, unless allowed in the applicable facility-specific subchapter of this chapter. In a multi-tenant building, the stairs or elevators serving the building shall not serve as the vertical connection unless the licensed facility has a dedicated elevator; as defined in §520.191 of this chapter (relating to Elevators).

(b) The spaces or rooms required in this chapter for a licensed facility shall be in the confines of that distinct, contiguous location and shall not be included under more than one licensed facility, except for those spaces or rooms noted in §520.10 of this division (relating to Shared Spaces) or as described in facility-specific subchapters in this chapter as follows:

(1) Subchapter C, Specific Requirements for General and Special Hospitals;

(2) Subchapter D, Specific Requirements for Private Psychiatric Hospitals;

(3) Subchapter E, Specific Requirements for Crisis Stabilization Units;

(4) Subchapter F, Specific Requirements for Ambulatory Surgical Centers;

(5) Subchapter G, Specific Requirements for Freestanding Emergency Medical Care Facilities;

(6) Subchapter I, Specific Requirements for End Stage Renal Disease Facilities;

(7) Subchapter J, Specific Requirements for Home Training Only End Stage Renal Disease Facilities; or

(8) Subchapter L, Specific Requirements for Mobile/Transportable Units).

(c) Where square footage is added to a licensed facility, this section shall be met. A private psychiatric hospital shall be located in accordance with subsection (d) of this section.

(d) A licensed private psychiatric hospital shall be in one distinct contiguous, identifiable location. The location shall be a freestanding building, or in one distinct contiguous space of a multi-tenant building, or on one identifiable site which is dedicated solely to the licensed private psychiatric hospital. Where square footage is added to a building for the licensed private psychiatric hospital site, it shall meet the requirements of this subsection.

(1) In a multi-tenant building, a private psychiatric hospital shall meet the requirements of this subsection.

(2) Multiple buildings (campus type) shall be permitted where all the following requirements are met:

(A) Site shall be solely dedicated to the licensed private psychiatric hospital.

(B) All buildings on the site shall pertain to the operation of the licensed private psychiatric hospital.

(C) A licensed private psychiatric hospital shall not occupy two or more noncontiguous sites which contain intervening sites of other tenants or occupancy types.

(e) In a multi-tenant building, a licensed facility shall be physically separated (vertically and horizontally) from other licensed healthcare facilities or other tenants to form a facility-license separation barrier. Where square footage is added to a licensed facility shall comply with this subsection. Any other substitution for the facility-license separation barrier shall be prohibited.

(1) A minimum two-hour fire resistance rating, noncombustible barrier shall separate each licensed facility noted below:

(A) general hospital;

(B) special hospital;

(C) private psychiatric hospital; and

(D) CSU.

(2) A minimum one-hour fire resistance rating, noncombustible barrier shall separate each licensed facility noted below, unless adjacent to a facility type listed in paragraph (1) of this subsection and shall meet the more stringent of construction rated barriers:

(A) ASC;

(B) ESRD, including an HT-ESRD; and

(C) FEMC.

§520.10. Shared Spaces.

(a) In a multi-tenant building, no other tenant shall share any licensed facility’s spaces or rooms and shall be dedicated to and in the confines for one specific licensed facility location, except for those listed in this section or indicated in the facility-specific subchapters in this chapter as follows:

(1) Subchapter C, Specific Requirements for General and Special Hospitals (for allowance of shared building systems, refer to Subchapter C, Division 8, Building Systems);

(2) Subchapter D, Specific Requirements for Private Psychiatric Hospitals;

(3) Subchapter E, Specific Requirements for Crisis Stabilization Units;

(4) Subchapter F, Specific Requirements for Ambulatory Surgical Centers;

(5) Subchapter G, Specific Requirements for Freestanding Emergency Medical Care Facilities;

(6) Subchapter I, Specific Requirements for End Stage Renal Disease Facilities;

(7) Subchapter J, Specific Requirements for Home Training Only End Stage Renal Disease Facilities; or

(8) Subchapter L, Specific Requirements for Mobile/Transportable Units.

(b) The following rooms shall be permitted to be shared where the room is either directly accessible to the public corridor inside the multi-tenant building or has direct exterior access to the multi-tenant building and is in accordance with §520.181 of this chapter (relating to General).

(1) Boiler room.

(2) Communication room.

(3) Electrical room.

(4) Elevator room.

(5) Fire riser room, including fire pump room.

(6) Mechanical room.

(7) Medical gas cylinder room, medical air compressor room, and vacuum pump room.

(8) The building’s main public lobby or its public elevator lobby, or a general hospital’s main public lobby or its public elevator lobby shall be permitted to access floors that are above or below grade level, unless noted in the applicable facility-specific subchapter of this chapter. However, patients shall not travel through other tenant occupancies. Where a private psychiatric hospital or crisis stabilization unit is located above the grade floor, the travel route shall provide privacy to as great a degree as possible with regards to personal needs and shall promote respect and dignity for a patient.

(9) Storage for non-patient items, which are in addition to the minimum requirements required in this chapter.

TITLE 26 HEALTH AND HUMAN SERVICES

PART 1 HEALTH AND HUMAN SERVICES COMMISSION

CHAPTER 520 REQUIREMENTS FOR DESIGN, CONSTRUCTION, AND FIRE SAFETY IN HEALTH CARE FACILITIES

SUBCHAPTER A INTRODUCTION

DIVISION 2 PHYSICAL PLANT

§520.11. New Construction.

Projects with any of the following scopes of work shall be new construction and shall comply with the requirements in this chapter and with applicable local, state, and federal codes.

(1) Site preparation for and construction of entirely new structures and systems, including relocation of a licensed facility;

(2) Structural additions to a licensed facility that result in an increase of occupied floor area;

(3) Change in function in an existing space, including a change of function of a unit or the change of licensed beds designations; or

(4) When a building or portion of a building is converted from one occupancy type to a licensed facility or from on license designation or another license designation, it shall comply with the new construction requirements. This may include modification of an entire facility to accommodate the new use or occupancy. New construction shall apply to the stairs and elevators where a licensed facility is above or below the grade level, unless The Texas Health and Human Services Commission Architectural Review Unit approves the condition as an impractical condition, in accordance with §520.14(a) of this division (relating to Exceptions).

§520.12. Additions, Renovations, and Alterations.

(a) Where renovation or replacement work is done in a currently licensed facility, only that portion of the total licensed facility affected by the project and its auxiliary work areas and building systems that support the project shall comply with applicable sections of this chapter and local, state, and federal codes.

(b) Where the project is only finish or equipment upgrades, those upgrades shall meet the requirements in this chapter, however the physical surroundings shall not be required to be brought up to new construction requirements. Existing portions of the licensed facility and associated building systems that are not included in a renovation project but are essential to the functionality or code compliance of the renovated spaces shall, at minimum, comply with the applicable occupancy chapter of National Fire Protection Association (NFPA) 101: Life Safety Code, and the physical plant licensing requirements under which the licensed facility or sections of the licensed facility were constructed, renovated or remodel, even during phased projects. Renovations, including new additions, shall not diminish the safety level that existed prior to the start of the work. However, a safety level that exceeds the requirements for new facilities is not required. Required spaces shall remain functional during any renovation or replacement work at every phase of the project. Construction sites shall facilitate ongoing cleanliness and mitigate infection control concerns. Where mold is noticed, the licensed facility may be requested to provide mold testing or sampling, provide and implement a mold remediation plan, provide an indoor air quality test, or other similar tests.

(c) Projects with any of the following scopes of work shall comply with the requirements for new construction in this chapter to the extent possible as determined by the Texas Health and Human Services Commission Architectural Review Unit (ARU).

(1) A series of planned changes and updates to the physical plant at a currently licensed facility; including, alterations, remodeling, renovation, finish upgrades, as listed in §520.4 of this subchapter (relating to Minimum Requirements for New Facilities and Additions, Renovations, Alterations, or Upgrades to a Currently Licensed Facility), unless noted in §520.15 of this division (relating to Maintenance and Routine Repairs). For example, a shelled room is modified into an operating room.

(2) A renovation project that includes modification to an area in a licensed facility to accommodate a new function or different service. For example, a change in the type of invasive procedure may require a change in the invasive room size, or a change in the licensed bed may require a change in the support areas of the patient care unit.

(3) A renovation project that includes replacement of large radiological modalities in a licensed facility to accommodate updated equipment.

(4) Removal of a function, such as de-licensed beds, de-licensed ESRD stations, or removal of a nursery. Where removal of patient care services occurs in a licensed facility, the space shall remove the nurse station’s equipment, including access to nurse call devices, and shall remove access to medical gases in that patient care unit or patient care imaging and treatment unit, unless another ARU application number is assigned to that project. The new function of the space shall meet NFPA 101: Life Safety Code and this chapter.

(5) A renovation in a building for initial licensure.

§520.13 Building System Upgrades.

Only the altered, renovated, or upgraded (modernized) portion of an existing building system or individual component shall be required to meet the installation and equipment requirements in this chapter. However, when such construction impairs the performance of the balance of an affected building system, upgrades to that system shall be required beyond the limits of the project to the extent required to maintain existing operational performance.

§520.14. Exceptions.

(a) Any renovation listed in §520.4 of this subchapter (relating to Minimum Requirements for New Facilities and Additions, Renovations, Alterations, or Upgrades to a Currently Licensed Facility) shall be accomplished as nearly as practicable with the requirements for new construction, except where existing conditions make changes impractical to accomplish, such as the location of major structural elements, stairs, and elevators. Where potential impractical conditions occur, the Texas Health and Human Services Commission (HHSC) may allow an exception where the intent of the requirements are met and where the care and safety of patients are not being jeopardized by existing features. HHSC shall be notified in writing of the potential impractical condition. It is at HHSC’s discretion to approve the potential impractical condition. This does not guarantee HHSC will grant an exception but attempts to minimize restrictions on those improvements where total compliance would create an unreasonable hardship and would not substantially improve safety. This section shall not apply to a newly constructed standalone licensed facility applying for an initial license.

(b) In a newly constructed, standalone licensed facility, fixed minor encroachments (including columns and sinks) shall be prohibited in the minimum clear floor area. Where renovation is undertaken, fixed minor encroachments shall be permitted to be included when determining the minimum clear floor area where the following are met.

(1) Encroachments do not extend more than one foot into the minimum clear floor area.

(2) Encroachment width along each wall does not exceed 10 percent of the length of that wall.

(3) Encroachment does not interfere with functions of that room.

(4) Where a sterile field is provided, the encroachment shall not extend into the sterile field.

(c) Where this chapter notes “where minor renovation is undertaken,” it shall mean a project only consists of slight, minor wall movements or no wall movements, finish upgrades, building system upgrades, plumbing upgrades, upgrading fixed imaging modalities, upgrading kitchen equipment, or other small projects in a currently licensed facility.

(d) Where this chapter notes “where major renovation is undertaken,” it shall mean that a project consists of change of bed or station designations, moves several walls, demolishes large spaces, infills shell spaces, or other similar projects in a currently licensed facility.

§520.15. Maintenance and Routine Repairs.

(a) Maintenance work shall be permitted to be omitted from the requirements in §520.12 of this division (relating to Additions, Renovations, and Alterations) provided the work shall not reduce the level of safety in a currently licensed facility. Maintenance work in a licensed facility shall not make the building less conforming with the other sections of this chapter, or with any previously approved alternative arrangements than it was before the repair was undertaken.

(b) Maintenance projects shall meet National Fire Protection Association 101: Life Safety Code. Maintenance projects and routine repairs on its building systems or equipment shall not require a submission to the Texas Health and Human Services Commission (HHSC) Architectural Review Unit for approval.

(c) Upgrades to entire building systems shall not be considered routine repairs. Examples of maintenance projects and routine repairs are listed on HHSC’s website.

§520.16. Disaster-Stricken Licensed Facility.

(a) A licensed facility which has been damaged by a hurricane, tornado, flood, earthquake, or explosion shall be permitted to meet the physical plant licensing requirements under which the licensed facility or sections of the licensed facility were constructed, renovated, or remodeled, and where the rebuilt licensed facility does not alter from its original construction, except for building systems.

(b) The building systems which are replaced or upgraded and any alterations from the approved original design following a disaster shall meet this chapter. The rebuilt licensed facility shall be in good and sound condition, meet the existing conditions of National Fire Protection Association (NFPA) 101: Life Safety Code and NFPA 99: Health Care Facilities Code and shall not endanger or reduce the health and safety of the occupants. A rebuilt licensed facility may require a final architectural inspection by the Texas Health and Human Services Commission Architectural Review Unit.

§520.17. Phased Projects.

These standards shall not be construed as prohibiting a single phase of improvement. At the Texas Health and Human Services Commission Architectural Review Unit's (ARU's) ’s discretion, ARU may conduct an intermediate and final architectural inspection of each phase of the project.

(1) Nothing in this chapter shall be construed as placing restrictions on a licensed facility that elects to do work or alterations as part of a phased long-range safety improvement plan.

(2) Where complex renovation projects occur, progressive phasing plans shall be submitted as part of the application package. It shall clearly delineate new work and existing conditions for each individual phase as the project progresses.

(3) The phasing plan shall be readily available and retained at the licensed facility during any construction project. The facility's functional program shall indicate the interim impact to existing or proposed patient services; building services; patient, staff, and public circulation; and all required infection control and interim life safety measures.

(4) The licensed facility shall assure that all areas of construction are cleaned upon completion of the construction work day. A safe environment shall be provided in the unaffected areas. Fire safety protection building systems shall be in place and operating properly. A noncombustible or limited combustible dust and vapor barrier shall be provided to separate areas undergoing demolition and construction from occupied areas. Demolition debris and construction dust shall be prohibited from surfaces outside the dust and vapor barrier where patient and staff occupy.

(5) The facility's functional program shall indicate how noise and vibration are controlled during construction activities in a licensed facility.

(6) The facility's functional program shall indicate how the construction and the construction workers are isolated from patient care areas.

(7) Existing air quality requirements and utility requirements for occupied areas shall be maintained during any renovation or construction.

(8) Existing conditions and operations shall be documented prior to initiation of renovation and new construction projects. This shall include documentation of existing mechanical, electrical, and structural capacities and quantities.

§520.18. Temporary Waivers.

(a) The Texas Health and Human Services Commission (HHSC) shall not grant a temporary waiver to the physical plant. A new function to a space shall meet new construction requirements and HHSC's Architectural Review Unit (ARU) shall conduct a final architectural inspection.

(b) When a project includes developing the core or shell of a building, including walls and windows, but may not include flooring, furniture or other interior elements, one of the following options shall be met.

(1) Where the shelled room functions as a storage room, it shall provide a finished floor, floor base, finished walls with no penetrations, and a ceiling. No medical gas outlets shall be in the room. Where the shelled room is near any patient care or patient treatment area, a nurse call duty station shall be provided in accordance with §520.186 of this chapter (relating to Nurse Call Systems). The rating of the walls shall comply with NFPA 101: Life Safety Code. The room shall be conditioned in accordance with ANSI/ASHRAE/ASHE 170: Ventilation of Health Care Facilities for use of a storage room.

(2) Where the shelled room does not function as a storage room, and is accessed only by the licensed facility’s director, the following requirements shall be met.

(A) The facility’s functional program shall indicate the room numbers and indicate that those room numbers will not be used for storage or any other function other than a shelled room for future development. The facility’s functional program shall provide language that when the room becomes a project, the licensed facility will submit an application package to ARU.

(B) Permanent signage shall be provided directly adjacent to the room’s door and be provided before a final architectural inspection. The signage shall read “Room is future (name the future function of that room). Room shall not serve as a storage room. Room shall remain locked with access only by the facility’s director.”

(C) Medical gas shall not be stubbed in the room.

(D) Nurse call devices shall not be wired in the room.

(E) Plumbing fixtures shall not be installed; however, the piping may be stubbed in the room.

(F) The heating, ventilation and air-conditioning (HVAC) system shall maintain the temperatures in that room at 50 degrees or higher.

(G) The door to the room shall remain locked with access only by a facility director. The access into the room is for verifying the operational building systems, such as the sprinkler system, remain operational.

(3) Where a finished patient treatment room, imaging room, or procedure room is provided without the furnishing or equipment, such as an operating table, medical gas boom, magnetic resonance imaging (MRI) or fixed equipment (considered as a warm shelled room) and the room is accessed only by the licensed facility’s director, the following requirements shall be met.

(A) The facility’s functional program shall indicate the room numbers and indicate that those room numbers will not be used for storage or any other function and that the warm shelled room will not be used for patient treatment. The facility’s functional program shall provide language that when the room receives movable or fixed equipment, the licensed facility will submit an application package to ARU. ARU shall conduct a final architectural inspection of the warm shelled room before any type of patient use is allowed.

(B) Permanent signage shall be provided directly adjacent to the room’s door and be provided before a final architectural inspection. The signage shall read “Room is future (name the future function of that room). Room shall not serve as a storage room. Room shall remain locked with access only by the facility’s director.”

(C) The warm shell room’s finishes are completely installed as required in this chapter for the function of that room, except for fixed equipment. The ceiling may be opened to the deck for easy installation of future ceiling-mounted equipment.

(D) Where medical gas is required for that specific room, the medical gas piping shall only be stubbed in the room and medical gas outlets shall not be installed.

(E) The nurse call devices shall not be mounted in the room.

(F) The room shall be conditioned according to the type of future use in that room and shall met ANSI/ASHRAE/ASHE 170: Ventilation of Health Care Facilities.

(G) The door to the room shall remain locked with access only by a facility director. The access into the room is for verifying the operational building systems, such as the sprinkler system and HVAC systems, remain operational.

TITLE 26 HEALTH AND HUMAN SERVICES

PART 1 HEALTH AND HUMAN SERVICES COMMISSION

CHAPTER 520 REQUIREMENTS FOR DESIGN, CONSTRUCTION, AND FIRE SAFETY IN HEALTH CARE FACILITIES

SUBCHAPTER A INTRODUCTION

DIVISION 3 CODES AND STANDARDS

§520.19. Building Code.

(a) In the absence of local requirements, a project shall comply with the 2018 edition of the International Building Code; except as outlined in the 2018 edition of National Fire Protection Association 101: Life Safety Code or in this chapter.

(b) During a final architectural inspection where the local building authority deemed the project requires an inspection, a certificate of occupancy for the project shall be provided which indicates their approval. The document shall provide the specific identifiers for the project and its phases, and shall match the Fire Marshal documents identifiers, such as name of licensed facility and its address. As applicable, either of the following documentations may substitute for a certificate of occupancy.

(1) Where the project occurs in a currently licensed facility and the local building authority issues a temporary certificate of occupancy, a certificate of compliance, a green tag or any other document indicating approval from the local building authority. A temporary certificate of occupancy shall not be permitted for a newly constructed licensed facility, unless landscaping or other similar matters are documented by the local building authority. It is at the discretion of the Texas Health and Human Services Commission Architectural Review Unit to accept of this document.

(2) In the absence of a local building authority, a signed, sealed, and dated letter from the registered architect of record shall be provided which indicates no exceptions to their design and the physical built environment appears to meet the current International Building Code and this chapter.

§520.20. Design Standards for Accessibility.

(a) This chapter and National Fire Protection Association (NFPA) Codes and Standards are not accessibility codes and compliance with this chapter or any NFPA code or standard does not ensure compliance with the requirements of the Americans with Disabilities Act or Texas Accessibility Standards (TAS) and other state and local government codes. The licensed facility shall meet accessibility standards under the provisions of TAS.

(b) An approved accessibility report may be requested during a final architectural inspection by the Texas Health and Human Services Commission Architectural Review Unit.

§520.21. Regulations for Earthquake-Resistant Design for New Buildings.

All new work, additions, or both shall comply with American Society of Civil Engineers/Structural Engineering Institute (ASCE/SEI) 7: Minimum Design Loads and Associated Criteria for Buildings and Other Structures and local, state, and federal codes. The Facility’s functional program shall indicate if a licensed facility is in seismic design categories C, D, E, or F as described in ASCE/SEI 7.

§520.22. Flood Protection.

The licensed facility's functional program shall document the set base floodplain elevation. The building shall meet all local flood code ordinances and local flood control requirements. Flood protection requirements in this section shall be met.

(1) A newly constructed facility shall not be in designated floodplains.

(2) Where an addition to a currently licensed facility is constructed in a designated 100-year floodplain, the finished floor elevation shall be at least one foot above the set base floodplain elevation or as required by the local authority having jurisdiction (AHJ), whichever is more stringent.

(3) Where upgrading of building systems is undertaken, any electrical service, switchboards, essential electrical services, generators, and their components shall be at least one foot above the set base floodplain elevation or as required by the local AHJ, whichever is more stringent.

(4) Where a heliport is constructed in a designated floodplain, the pad shall be a minimum of two feet above the 100-year floodplain or applicable local requirements, whichever is the more stringent. A path of travel between the licensed facility and the heliport shall be a minimum of one foot above 100-year flood elevation to facilitate evacuation.

(5) Where a mobile or transportable unit is parked in a designated 100-year floodplain, the unit’s finished floor elevation and where provided, the enclosed passageway shall be at least one foot above the set base floodplain elevation or as required by the local AHJ, whichever is more stringent.

§520.23. National Standards for the Protection of Patient Health Information.

National standards for the protection of patient health information. Spaces, policies, and procedures shall meet all applicable requirements that appropriately limit access to personal health information without sacrificing the quality of health care and shall meet the requirements of the Health Insurance Portability and Accountability Act.

§520.24. Environmental Regulations.

A licensed facility shall meet any applicable state and local environmental regulations, including the following:

(1) the Clean Air Act (CAA);

(2) the National Environmental Policy Act (NEPA);

(3) the Occupational Safety and Health Act (OSHA);

(4) the Resource Conservation and Recovery Act (RCRA);

(5) the Safe Drinking Water Act (SDWA);

(6) the Superfund Amendments and Reauthorization Act (SARA); and

(7) the Toxic Substance Control Act (TSCA).

§520.25. Codes, Standards, and Other Documents Referenced.

The documents referenced, or portions of such documents referenced, in this section are contained within this chapter and shall be part of the requirements of this chapter. The editions cited shall be used. Use of portions of a later edition shall be at the Texas Health and Human Services Commission Architectural Review Unit's (ARU's) discretion and ARU shall issue a decision in writing to the licensed facility.

(1) Documents referenced in this section, or portion of such documents, shall only be applicable to the extent called for within this chapter.

(2) Where the requirements of a referenced code or standard differ from the requirements of this chapter, the requirements of this chapter shall govern.

(3) Federal Guidelines Institute (FGI) acknowledgement.

(4) Reference Table.

Figure: 26 TAC §520.25(4)

| Academy of Nutrition and Dietetics (www.eatright.org)  Pediatric Nutrition Dietetic Practice Group. *Infant Feedings: Guidelines for Preparation of Human Milk and Formula in Health Care Facilities*, 2nd ed. (2011) |
| --- |
| **U.S. Access Board** (www.access-board.gov). Also refer toAmericans with Disabilities Act.  *Uniform Federal Accessibility Standards* (UFAS) (www.access-board.gov/guidelines-and-standards/buildings-and-sites/about-the-aba-standards/ufas) |
| **Acoustical Society of America** (www.acousticalsociety.org)  ANSI/ASA S2.71: *Guide to the Evaluation of Human Exposure to Vibration in Buildings* (2012)  ANSI/ASA S3.5: *Methods for Calculation of the Speech Intelligibility Index* (2017)  ANSI/ASA S12.9: *Quantities and Procedures for Description and Measurement of Environmental Sound*, Part 2: “Measurement of Long-Term, Wide-Area Sound” (2013) |
| **Acoustics Research Council**, Acoustics Working Group  “Sound & Vibration: Design for Health Care Facilities” (2010) (https://fgireadonly.madcad.com/library/FGI-SoundVibration-2010/) |
| **Agency for Healthcare Research and Quality** (www.ahrq.gov)  “Conveniently Located ‘Napping Rooms’ Provide Opportunity for Night- and Extended-Shift Providers to Rest, Leading to Less Fatigue and Better Performance.” AHRQ Health Care Innovations Exchange (2014). (https://www.healthdesign.org/knowledge-repository/conveniently-located-napping-rooms%E2%80%9D-provide-opportunity-night-and-extended) |
| **American Architectural Manufacturers Association**  AAMA 501.8: *Standard Test Method for Determination of Resistance to Human Impact of Window Systems Intended for Use in Psychiatric Applications* (2014) |
| **American College of Emergency Physicians** (www.acep.org)  “Geriatric Emergency Department Guidelines” (https://www.acep.org/geriEDguidelines/#sm.0002dkhsf298el310tl2bxtwo6drf) |
| **American College of Obstetricians and Gynecologists** (www.acog.org) and **American Academy of Pediatrics** (www.aap.org)  *Guidelines for Perinatal Care*, 8th ed. (2017) |
| **American College of Radiology** (www.acr.org)  Kanal, Emanuel, et al. “ACR Guidance Document on MR Safe Practices,” *Journal of Magnetic Resonance Imaging* 37:501-30 (2013). www.ismrm.org/smrt/files/24011\_ftp.pdf |
| **American College of Surgeons** (www.facs.org)  ACS Committee on Trauma. “Descriptions of Trauma Center Levels and Their Roles in a Trauma System,” Chapter 2 in *Resources for Optimal Care of the Injured Patient* (2014) |
| **American Institute of Steel Construction** (www.aisc.org)  Design Guide 11: *Vibrations of Steel-Framed Structural Systems Due to Human Activity*, 2nd ed. (2016) |
| **American National Standards Institute** (www.ansi.org)  ANSI S1.1: *Acoustical Terminology* (2013) |
| **American Society of Civil Engineers/Structural Engineering Institute** (www.asce.org)  ASCE/SEI 7-16: *Minimum Design Loads for Buildings and Other Structures* (2016) |
| **American Society for Healthcare Engineering (ASHE)** (www.ashe.org)  *Health Facility Commissioning Guidelines* (2010) |
| **American Society of Heating, Refrigerating and Air-Conditioning Engineers** (www.ashrae.org)  ASHRAE Guideline 12: Minimizing the Risk of *Legionellosis Associated with Building Water Systems* (2000)  *ASHRAE Handbook—HVAC Applications* (2017)  ANSI/ASHRAE/IES Standard 90.1: *Energy Standard for Buildings Except Low-Rise Residential Buildings* (2016)  ANSI/ASHRAE/ASHE Standard 170: *Ventilation of Health Care Facilities* (2017)  ANSI/ASHRAE Standard 188: *Legionellosis: Risk Management for Building Water Systems* (2015)  ANSI/ASHRAE/ASHE Standard 189.3: *Design, Construction and Operation of Sustainable High-Performance Health Care Facilities* (2017)  *Thermal Guidelines for Data Processing Environments*, 4th ed. (2015) |
| **American Society of Mechanical Engineers** (www.asme.org)  ANSI/ASME A17.1/CSA B44: *Safety Code for Elevators and Escalators* (2016)  ANSI/ASME A17.3: *Safety Code for Existing Elevators and Escalators* (2015) |
| **American Society for Testing and Materials** (www.astm.org)  D1193-06: *Standard Specification for Reagent Water* (2011)  E1130-16: *Standard Test Method for Objective Measurement of Speech Privacy in Open Plan Spaces Using Articulation Index* (2016)  E2638-10: *Standard Test Method for Objective Measurement of the Speech Privacy Provided by a Closed Room* (2010)  F1233-08: *Standard Test Method for Security Glazing Materials and Systems* (2013) |
| **American Water Works Association** (www.awwa.org)  AWWA M14: *Backflow Prevention and Cross-Connection Control: Recommended Practices,* 4th ed. (2015) |
| **Americans with Disabilities Act**, U.S. Department of Justice, Civil Rights Division (www.ada.gov). Also refer to U.S. Access Board.  *ADA Standards for Accessible Design* (2010)  *Texas Accessibility Standards (current edition)* |
| **ASSE International** (www.asse-plumbing.org)  ASSE 1070: *Performance Requirements for Water Temperature Limiting Devices* (2015) |
| **Association for the Advancement of Medical Instrumentation** (www.aami.org)  ANSI/AAMI/ISO 13959: *Water for Hemodialysis and Related Therapies* (2014)  ANSI/AAMI/ISO 26722: *Water Treatment Equipment for Hemodialysis and Related Therapies* (2014) |
| **Business and Institutional Furniture Manufacturers Association** (www.bifma.org)  BIFMA Standards Overview  (www.bifma.org/standards/index.html) |
| **Cambridge Sound Management** (www.cambridgesound.com)  Horrall, T. R. “Optimum Masking Sound—White or Pink?” (Cambridge Sound Management, 2013) |
| **The Center for Health Design** (www.healthdesign.org)  Calkins, M. P., et al. “Contribution of the Designed Environment to Fall Risk in Hospitals” (2012). (https://www.healthdesign.org/chd/research/contribution-designed-environment-fall-risk-hospitals)  Joseph, A., et al. “Designing for Patient Safety: Developing Methods to Integrate Patient Safety Concerns in the Design Process” (2012). (https://www.healthdesign.org/chd/research/designing-patient-safety-developing-methods-integrate-patient-safety-concerns-design-pr)  Safety Risk Assessment Toolkit (www.healthdesign.org/sra) |
| **Centers for Disease Control and Prevention** (www.cdc.gov)  *Biosafety in Microbiological and Biomedical Laboratories*, 5th ed. (December 2009) (www.cdc.gov/biosafety/publications)  “Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005.” *Morbidity and Mortality Weekly Report* 2005:54 (No. RR-17). (www.cdc.gov/mmwr/PDF/rr/rr5417.pdf)  “Guidelines for Environmental Infection Control in Health-Care Facilities” (2003) (https://www.cdc.gov/infectioncontrol/guidelines/environmental/index.html)  “Primary Containment for Biohazards: Selection, Installation and Use of Biological Safety Cabinets,” Appendix A to *Biosafety in Microbiological and Biomedical Laboratories* (www.cdc.gov/biosafety/publications/index.htm) |
| **Centers for Medicare & Medicaid Services** (www.cms.gov)  Clinical Laboratory Improvement Amendments (CLIA) (www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/index.html) |
| **Committee to Establish Recommended Standards for Newborn ICU Design**  *Recommended Standards for Newborn ICU Design*, 8th ed. (2013) (https://www.researchgate.net/profile/Robert\_White16/publication/236087482\_Recommended\_standards\_for\_newborn\_ICU\_design\_eighth\_edition/links/02e7e533357e9eaf11000000/Recommended-standards-for-newborn-ICU-design-eighth-edition.pdf) |
| **Concrete Reinforcing Steel Institute (CRSI)** (www.crsi.org)  *Design Guide for Vibrations of Reinforced Concrete Floor Systems,* 1st ed. (2014) |
| **U.S. Department of Housing and Urban Development** (www.hud.gov)  *The Noise Guidebook* (2009)  (https://www.hudexchange.info/resource/313/hud-noise-guidebook) |
| **U.S. Department of Veterans Affairs,** National Center for Patient Safety (www.va.gov)  “Falls Prevention Toolkit”  (https://www.patientsafety.va.gov/professionals/onthejob/falls.asp) |
| **Environmental Protection Agency** (www.epa.gov)  “Safe Storage and Handling of Swimming Pool Chemicals” (2001) (https://www.epa.gov/rmp/chemical-safety-alert-safe-storage-and-handling-swimming-pool-chemicals) |
| **Federal Aviation Administration** (www.faa.gov)  Advisory Circular 150/5390-2C: Heliport Design (2012) (www.faa.gov/documentLibrary/media/Advisory\_Circular/150\_5390\_2c.pdf) |
| **Federal Emergency Management Agency** (www.fema.gov)  FEMA P-750: NEHRP National Earthquake Hazards Reduction Program Recommended Seismic Provisions for New Buildings and Other Structures (2009)  (www.fema.gov/media-library-data/20130726-1730-25045-1580/femap\_750.pdf) |
| **U.S. Food and Drug Administration** (www.fda.gov)  “Food Code” (2013) (www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/ucm374275.htm)  “HACCP Hazardous Analysis Critical Control Point Principles & Application Guidelines” (https://www.fda.gov/Food/GuidanceRegulation/HACCP/ucm2006801.htm#guide) |
| **Illuminating Engineering Society** (www.ies.org)  ANSI/IES RP-28: Lighting and the Visual Environment for Seniors and the Low Vision Population (2016)  ANSI/IES RP-29: Lighting for Hospitals and Healthcare Facilities (2016)  International Association for Healthcare Security & Safety (www.iahss.org)  Security Design Guidelines for Healthcare Facilities (2016) |
| **Industrial Safety Equipment Association** (www.safetyequipment.org)  ANSI/ISEA Z358.1: American National Standard for Emergency Eyewash and Shower Equipment (2014)  International Association for Healthcare Security & Safety (www.iahss.org)  Security Design Guidelines for Healthcare Facilities (2016)  International Code Council (www.iccsafe.org)  ICC A117.1: Accessible and Usable Buildings and Facilities (2017)  International Building Code (2018)  International Green Construction Code (2012)  International Plumbing Code (2015) |
| **International Electrotechnical Commission** (www.iec.ch)  IEC Standard 60601-2-33: Medical electrical equipment – Part 2-33: Particular requirements for the basic safety and essential performance of magnetic resonance equipment for medical diagnosis (2010) |
| **International Organization for Standardization** (www.iso.org)  ISO 7731: Ergonomics—Danger signals for public and work areas—Auditory danger signals (2003)  ISO 9921: Ergonomics—Assessment of speech communication (2003)  ISO 11143: Dentistry—Amalgam separators (2008) |
| **National Council on Radiation Protection & Measurements (NCRP)** (www.ncrponline.org)  Report No. 102: Medical X-Ray, Electron Beam and Gamma-Ray Protection for Energies Up to 50 MeV (Equipment Design, Performance and Use) (1989)  Report No. 116: Limitation of Exposure to Ionizing Radiation (1993)  Report No. 144: Radiation Protection for Particle Accelerator Facilities (2003)  Report No. 147: Structural Shielding Design for Medical X-Ray Imaging Facilities (2004)  Report No. 151: Structural Shielding Design and Evaluation for Megavoltage X- and Gamma-Ray Radiotherapy Facilities (2005) |
| **National Fire Protection Association** (www.nfpa.org)  NFPA 10: Standard for Portable Fire Extinguishers (2018)  NFPA 13: Standard for the Installation of Sprinkler Systems (2016)  NFPA 20: Standard for the Installation of Stationary Pumps for Fire Protection (2016)  NFPA 25: Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems (2017)  NFPA 30: Flammable and Combustible Liquids Code (2018)  NFPA 45: Standard on Fire Protection for Laboratories Using Chemicals (2015)  NFPA 54/ANSI Z223.1: National Fuel Gas Code (2018)  NFPA 70: National Electrical Code® (2017)  NFPA 72: National Fire Alarm and Signaling Code (2016)  NFPA 82: Standard on Incinerators and Waste and Linen Handling Systems and Equipment (2014)  NFPA 85: Boiler and Combustion Systems Hazards Code (2015)  NFPA 90A: Standard for the Installation of Air-Conditioning and Ventilating Systems (2018)  NFPA 90B: Standard for the Installation of Warm Air Heating and Air-Conditioning Systems (2018)  NFPA 96: Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations (2017)  NFPA 99: Health Care Facilities Code (2018)  NFPA 101: *Life Safety Code*® (2018)  NFPA 110: Standard for Emergency and Standby Power Systems (2016)  NFPA 111: Standard on Stored Electrical Energy Emergency and Standby Power Systems (2016)  NFPA 220: Standard on Types of Building Construction (2018)  NFPA 400: Hazardous Materials Code (2016)  NFPA 418: Standard for Heliports (2016)  NFPA 701: Standard Methods of Fire Tests for Flame Propagation of Textiles and Films (2015)  NFPA 1917: Automotive Ambulances (2016) |
| **National Institute of Occupational Safety and Health** (www.cdc.gov/niosh)  DHHS (NIOSH) Publication 97-111: “Selecting, Evaluating, and Using Sharps Disposal Containers” (January 1998) (www.cdc.gov/niosh/docs/97-111) |
| **National Research Council Canada, Institute for Research in Construction** (www.nrc-cnrc.gc.ca)  Bradley, J. S. “Acoustical Design for Open-Plan Offices,” Construction Technology Update No. 63 (October 2004). (https://www.nrc-cnrc.gc.ca/ctu-sc/files/doc/ctu-sc/ctu-n63\_eng.pdf) |
| **New York State Office of Mental Health** (www.omh.ny.gov)  Patient Safety Standards, Materials and Systems Guidelines, 18th ed. (2017) (www.omh.ny.gov/omhweb/patient\_safety\_standards) |
| **Noise and Vibration Control Engineering**  Vér, I. L., and L. L. Beranek. Noise and Vibration Control Engineering: Principles and Applications, 2nd ed. (Wiley, 2005). |
| **Nuclear Regulatory Commission** (www.nrc.gov/reading-rm/doc-collections/cfr/)  Code of Federal Regulations, Title 10—Energy, Chapter 1—Nuclear Regulatory Commission  • Part 20 (10 CFR 20), Standards for Protection Against Radiation  • Part 35 (10 CFR 35), Medical Use of Byproduct Material  Code of Federal Regulations, Title 40—Protection of Environment, Chapter 1—Environmental Protection Agency  • Part 60 (40 CFR 60), Standards of Performance for New Stationary Sources |
| **Occupational Safety and Health Administration, U.S. Department of Labor** (www.osha.gov)  Code of Federal Regulations, Title 29—OSHA Regulations, Part 1910 (29 CFR 1910): Occupational Safety and Health Standards (www.osha.gov/pls/oshaweb/owastand.display\_standard\_group?p\_toc\_level=1&p\_part\_number=1910) |
| **U.S. Pharmacopeial Convention** (www.usp.org)  U.S. Pharmacopeia-National Formulary (USP-NF) general chapters:  <795>: Pharmaceutical Compounding—Nonsterile Preparations  <797>: Pharmaceutical Compounding—Sterile Compounding  <800>: Hazardous Drugs—Handling in Healthcare Settings  <1066>: Physical Environments that Promote Safe Medication Use |
| **The Robert Wood Johnson Foundation**  Joynt, J., and B. Kimball, Innovative Care Delivery Models: Identifying New Models that Effectively Leverage Nurses (Health Workforce Solutions, 2008). Refer to “New Website Profiles 24 Innovative Nursing – Driven Models of Health Care Delivery” (https://www.rwjf.org/en/library/research/2009/03/new-web-site-profiles-24-innovative-nursing-driven-models-of-hea.html) |
| **Society for Experiential Graphic Design** (segd.org)  “Universal Symbols in Health Care: Developing a Symbols-Based Wayfinding System: Implementation Guidebook” (https://segd.org/sites/default/files/segd\_hj\_00\_full\_workbook\_1.pdf) |
| **Telecommunications Industry Association** (tiaonline.org)  TIA 607: Generic Telecommunications Bonding and Grounding (Earthing) for Customer Premises, Revision C (2015) |
| **Underwriters Laboratories (UL)** (www.ul.com)  UL 1069: Standard for Hospital Signaling and Nurse Call Equipment (2007) |
| **Vertical Transportation Handbook**  Strakosch, G. R., and R. S. Caporale. Vertical Transportation Handbook, 4th ed. (Wiley, 2010) |
| **With Seniors in Mind** (www.withseniorsinmind.org/)  Senior Living Sustainability Guide (www.withseniorsinmind.org/what-we-do/) |

TITLE 26 HEALTH AND HUMAN SERVICES

PART 1 HEALTH AND HUMAN SERVICES COMMISSION

CHAPTER 520 REQUIREMENTS FOR DESIGN, CONSTRUCTION, AND FIRE SAFETY IN HEALTH CARE FACILITIES

SUBCHAPTER A INTRODUCTION

DIVISION 4 SUBMISSION OF A PROJECT

§520.26. Application Submittal.

(a) A facility shall provide a functional program to the Texas Health and Human Services Commission (HHSC) Architectural Review Unit as part of the application package and shall be submitted according to the processes noted on HHSC’s website and the requirements in this section. It shall be written on facility letterhead and signed by facility’s owner, administrator, or a designated facility staff member managing the project. All projects, large or small, require a functional program and the length and complexity will vary depending on the scope of the project. The primary purpose of the facility’s functional program shall be to communicate the facility’s owner or administrator’s intent for the project and describe the physical plant and building system for the project. It shall be available during a final architectural inspection and shall be retained onsite for other construction data to facilitate future alterations, additions, and program changes.

(1) The names for spaces and units noted in the facility’s functional program and in the contract construction documents shall be consistent with those used in this chapter. Where acronyms are used, they shall be clearly defined.

(2) The facility’s functional program for a project shall include the following:

(A) Purpose of the project including descriptions of the services to be provided, expanded or eliminated.

(B) Affected area at a licensed facility.

(C) Functional relationships.

(D) Overview of building systems, such as medical gases, electrical, fire alarm, and generator sizing. In a multi-tenant building, indicate the building systems that are proposed to be shared with the licensed facility. Specific applications where building systems may be permitted to be shared are defined in Subchapter C, Division 8 of this chapter (relating to Building Systems).

(E) Type of construction for new construction.

(F) In a multi-tenant building, indicate the floors that the contiguous licensed facility is located.

(G) Description of support areas, such as storage, elevators, and stairs.

(H) Types of fixed equipment.

(I) Treatment area descriptions for the following, as it relates to the specific licensed facility:

(i) The number, location, and type of invasive procedure rooms;

(ii) The number, location, and description of service in the non-invasive procedure rooms;

(iii) The number, location, and type of pre-op and phase I and Phase II recovery stations;

(iv) The location and type of sedation;

(v) The type of visibility for patients in critical care areas;

(vi) The number, location, and type of airborne infection isolation (AII) and protective environment rooms and non-airborne infection isolation rooms;

(vii) The number, location, except for the location of smoke compartment doors, and type of fire shutters, won-doors, and other mechanical barriers which stop the spread of smoke in corridor and atrium locations;

(viii) Security for emergency unit or FEMC; and

(ix) The number of newborn nursery patient care stations and location.

(J) The program narrative shall note hazards, identify potential risks and indicate the governing body’s policy on addressing the potential risks for the following elements, as it relates to the specific licensed facility.

(i) Psychiatric (mental health) patient care and treatment area descriptions shall:

(I) protect the privacy, dignity, and health of patients and address the potential risks related to patient elopement and harm to self, others, and the care environment;

(II) briefly note the architectural details, surfaces, furnishings, and exposed mechanical and electrical devices; and

(III) note the type of supervision in:

(-a-) patient rooms and their bathing and toilet rooms;

(-b-) activity spaces, group rooms, dining rooms, and indoor and outdoor recreation spaces;

(-c-) corridors;

(-d-) exam rooms; and

(-e-) consultation rooms.

(ii) Services being impacted from their relocation shall be described for the following applicable conditions:

(I) patient handling and movement where relocating a facility;

(II) impact of moving central sterile services;

(III) impact of moving other similar primary patient support services; and

(IV) impact of moving dietary unit.

(iii) Patient impact from construction activities shall be described for the following applicable conditions:

(I) noise;

(II) vibration;

(III) indoor air quality where re-opening a closed facility or a closed patient care unit;

(IV) ventilation of the construction zone;

(V) protection from demolition for patients where major renovation occurs;

(VI) transmission of airborne and waterborne biological contaminants during construction or renovation;

(VII) impact of disrupting essential electrical services to patients and employees; and

(VIII) where phasing occurs, the effects to the heating, ventilation, and air-conditioning (HVAC) and the water supply systems.

(K) All other items and information as noted in this chapter.

(b) The contract construction documents shall meet this section in addition to guidelines provided on HHSC’s website.

(1) Signed and sealed drawings for a registered architect shall provide at least the elements in this section. Areas of the building not pertaining to the project shall be shaded or hatched and noted “Not in Project Contract.” However, all parts of the project shall be included, such as a licensed facility on the second floor that shares the canopy, first floor lobby, its elevator, stairwells, and parking.

(A) Equipment drawings shall indicate the physical location of fixed medical equipment, fixed non-medical equipment, and movable equipment as defined in the following:

(i) Drawings shall indicate their structural and infrastructure requirements needed to support the equipment. The facility’s functional program shall list any relocated imaging modalities, surgical equipment, booms, operating lights, large food service equipment, large laboratory equipment, and large pharmacy equipment as related to the licensed facility type. The facility’s functional program shall explain the timeframe of the relocated equipment in comparison to the occupancy date of the new or renovated space.

(ii) Fixed medical equipment shall include items that are permanently affixed to the building or permanently connected to a service distribution system that is designed and installed for the specific use of the equipment. Fixed equipment may require special structural designs, mechanical and electrical provisions, or shielding. Fixed medical equipment includes fume hoods, sterilizers, imaging equipment, radiotherapy equipment, lithotripters, hydrotherapy tanks, audiometry testing booths, surgical and special procedure lights, ceiling-mounted surgical booms, and ceiling-mounted mechanical patient lifting devices.

(iii) Fixed non-medical equipment includes walk-in refrigerators, kitchen cooking equipment, serving lines, conveyors, mainframe computers, laundry, and similar equipment.

(iv) Movable equipment shall include items that require floor space but are portable. Movable equipment may require special structural design or access, mechanical and electrical connections, or shielding. Movable equipment includes wheeled equipment such as beds and gurneys and diagnostic or monitoring equipment. Movable medical equipment includes portable X-ray, electroencephalogram (EEG), and electrocardiogram (EKG) equipment, treadmill and exercise equipment, pulmonary function equipment, operating tables, laboratory centrifuges, examination and treatment tables, standing assist lifts, patient bedroom daybeds or couches, and similar equipment.

(B) Laboratory equipment requiring permanent connections to power, water, ventilation, or other utility systems shall be identified in the contract construction document’s equipment plan.

(2) Signed and sealed drawings for a professional engineer shall provide the following elements.

(A) Building service equipment includes heating, ventilation, and air-conditioning (HVAC) equipment, electrical power distribution equipment, emergency power generation equipment, energy or utility management systems, conveying systems, security systems and devices, and other equipment with a primary function of building service (e.g., humidification equipment, filtration equipment, chillers, boilers, and fire pumps).

(B) The drawings or other project documentation shall indicate provisions for installation of fixed or movable equipment that requires dedicated building services or special structures.

(C) Equipment utility location drawing shall be provided to locate all services for equipment that requires floor space and mechanical, electrical, or plumbing connections.

§520.27. Architectural Review Fees.

(a) Fees for an architectural review application are based on the following application fee schedule.

(1) Where the cost of construction is $100,000 or less, the application fee is $500;

(2) Where the cost of construction is $100,001 to $ 600,000, the application fee is $1,500;

(3) Where the cost of construction is $600,001 to $2,000,000, the application fee is $3,000;

(4) Where the cost of construction is $2,000,001 to $5,000,000, the application fee is $4,500;

(5) Where the cost of construction is $5,000,001 to $10,000,000, the application fee is $6,000; and

(6) Where the cost of construction is $10,000,001 and over, the application fee is $7,500.

(b) The Texas Health and Human Services Commission (HHSC) shall not consider an architectural review application as officially submitted until the applicant pays the application fee and submits the application package.

(c) All architectural review application fees paid to HHSC are not refundable.

(d) HHSC shall close a project file one year after assigning an architectural review application number to a project if the project has been placed on hold.

(e) The fee for each architectural inspection is $1,000. Inspection fees are nontransferable to another application number.

(f) The fee for an architectural inspection cancellation within 96 hours of the scheduled inspection is $1,000.00.

(g) The fee for an architectural inspection that was not conducted is refundable, except a fee for a cancelled inspection described in subsection (f) of this section.

(h) All architectural review application and inspection fees shall be paid to HHSC.

(i) HHSC shall review the fees schedule described in this section periodically. If adjustments are necessary to meet expenses, HHSC will amend fees through rulemaking.

(j) HHSC may collect a convenience fee in accordance with Texas Government Code, §2054.111 and §2054.252, when applicable.

§520.28. Commissioning.

(a) Where projects involving installation of new or modification to existing physical environment elements critical to patient care and safety and its energy use, the following systems shall be commissioned or operationally tested. Additionally, where a previously licensed facility is re-opening, tests of the dynamic function and operation of the physical environment elements under full operation shall be performed. Elements shall be tested in various modes and run through all sequences of operation. The following functional testing or operation shall be undertaken by a commission agent in accordance with subsection (c) of this section and testing documented in writing.

(1) Heating, ventilation, and air-conditioning air balancing, pressure relationships, and exhaust criteria for mechanical systems shall be tested to create an environment of care that provides for infection control;

(2) Automatic temperature control;

(3) Domestic hot water;

(4) Fire alarm and fire protection systems (integration with other systems), including testing of fire and smoke dampers;

(5) Essential electrical power systems;

(6) Water lines, taps, showers, and ice-making equipment, which service may have been disrupted or stagnant, shall be flushed; and

(7) Where provided, security systems.

(b) Commissioning documents noted in this section shall be provided at the Texas Health and Human Services Commission Architectural Review Unit's request.

(c) Commissioning shall be led by any of the following as determined by the governing body:

(1) an independent commissioning agent with healthcare experience and expertise;

(2) the design engineers; or

(3) another agent designated by the facility’s owner or administrator and shall not be the installing contractor.

§520.29. Record Drawings and Manuals.

Upon occupancy of the building or a portion thereof, each licensed facility’s owner or administrator shall be provided the following documentation.

(1) A complete set of record documents that shows construction, fixed equipment, and mechanical, electrical, plumbing, and structural systems and reflects known deviations from the contract construction documents shall be provided. The record drawings shall be retained and readily available at the licensed facility.

(2) A licensed facility shall retain and have readily available a life safety plan that reflects National Fire Protection Association 101: Life Safety Code requirements for each floor. The life safety plan is not an evacuation floor plan. The room number or station indicated on the plan shall match the signage for each room number or station in accordance with §520.171 of this chapter (relating to Signage).

(3) Each piece of large medical equipment that supports patient treatment, including pharmacy, laboratory, central sterile, and dietary unit shall be provided. This shall include a complete set of manufacturers’ operations, maintenance, and preventive maintenance instructions for installed systems and equipment. Operating staff shall be provided with instructions on how to properly operate systems and equipment. The model number, description and their parts lists for equipment shall be provided.

(4) The facility’s design data must include the following:

(A) structural design loadings;

(B) summary of heat loss assumption and calculations;

(C) estimated water consumption;

(D) medical gas outlet listing;

(E) list of applicable codes; and

(F) electric power requirements of installed equipment.

TITLE 26 HEALTH AND HUMAN SERVICES

PART 1 HEALTH AND HUMAN SERVICES COMMISSION

CHAPTER 520 REQUIREMENTS FOR DESIGN, CONSTRUCTION, AND FIRE SAFETY IN HEALTH CARE FACILITIES

SUBCHAPTER A INTRODUCTION

DIVISION 5 SITE

§520.30. General.

Where site design is part of the project scope, the building and parking locations, adjacencies, and access points shall be integrated with onsite and offsite vehicular and pedestrian patterns and transportation services.

§520.31. Hazardous Location.

A facility's functional program shall note that no exceptions were identified upon reviewing the site for any of the hazardous and undesirable locations noted in this section. A facility in the process of applying for initial licensure, an addition to a licensed facility, or change of licensed facility designation shall meet this section.

(1) A facility in the process of applying for initial licensure or an addition to a licensed facility shall not be constructed within 50 feet of easement boundaries or setbacks of hazardous underground locations, including liquid butane or propane high-pressure transmission pipelines (either liquid petroleum or natural gas).

(2) A facility in the process of applying for initial licensure or an addition to a licensed facility shall not be constructed within 150 feet of easement boundaries of high voltage electrical lines.

(3) A facility in the process of applying for initial licensure or an addition to a licensed facility shall not be constructed within 300 feet of above ground or underground storage tanks containing liquid petroleum or other flammable liquids used in connection with a bulk plant, marine terminal, aircraft refueling, bottling plant of a liquefied petroleum gas installation, or near other hazardous producing plants.

(4) A facility in the process of applying for initial licensure or an addition to a licensed facility shall not be constructed within 1,500 feet of nuisance producing industrial sites, feed lots, sanitary landfills, and manufacturing plants producing excessive air pollution.

§520.32. Exterior Noise Requirements.

A facility's functional program shall note that no exceptions were identified upon reviewing the site for any of the exterior noise requirements noted in this section. A facility in the process of applying for initial licensure, an addition to a licensed facility, or change of licensed facility designation shall meet this section.

(1) At a hospital or crisis stabilization unit, the patient care units shall not be constructed closer than 1500 feet to significant noise sources, such as major highways, major airports, ground vibrations, or rail traffic. Where a site’s exterior noise exposure appears to impact the patients, a sound level survey, for a period sufficient to properly characterize the noise impacts, may be requested by the Texas Health and Human Services Commission Architectural Review Unit for assessment. Omission of this requirement shall be permitted for an ambulatory surgical center, end stage renal disease facility, home training end stage renal disease, and freestanding emergency medical care facility since these facility types do not have overnight sleeping patient care units.

(2) A licensed facility’s outdoor mechanical equipment shall not produce sound that exceeds 65 dBA at its façade without providing sound barriers. Outdoor mechanical equipment shall not produce sound that exceeds daytime and nighttime noise limits at neighboring properties as required by local ordinance.

(3) Where shell and core work are included in the project scope, exterior noise classification shall be used to identify the degree of sound attenuation required in the building façade due to sources of exterior noise. Exterior site noise exposure categories shall be in accordance with the table in §520.1201 of this chapter (relating to Categorization of Licensed Facility Sites by Exterior Ambient Sound with Design Criteria for Sound Isolation of Exterior Shell in New Construction). Exterior noise classification shall be used to identify the degree of sound attenuation required in the building façade due to sources of exterior noise.

§520.33. Site Features.

(a) A licensed facility shall keep outside areas and grounds free of rubbish and unmaintained grass and weeds that may serve as a fire hazard or as a haven for roaches, rodents and other pests.

(b) A licensed facility shall maintain the landscape and gardens.

(c) Where provided, a licensed facility shall ensure open water features are equipped to safely manage water quality to protect the public from infectious or irritating aerosols.

(d) A licensed facility shall maintain outside stairs, walkways, ramps, and porches to ensure they are free from accumulation of water, ice, snow, and other impediments.

(e) A licensed facility shall ensure site signage is provided in accordance with §520.171 of this chapter (relating to Signage).

(f) A licensed facility shall ensure site lighting is provided in accordance with §520.183(i)(4) of this chapter (relating to Electrical Systems).

(g) At a licensed facility which provides or is required to provide an emergency unit, the facility shall ensure at least one emergency site sign is provided near the public conveyance (main road) serving the site. This sign shall be visible while driving at the local speed limit on that road/street. This sign shall provide the word “EMERGENCY” in either red or white lettering, all capitalized font and minimum eight inches in size, on a contrasting background, and illuminated, in accordance with 520.183(i)(5)(E) of this chapter. The word “EMERGENCY” shall be completely covered until the licensed facility is opened to serve patients, in accordance with §520.8 of this subchapter (relating to Licensed Facility Not in Use).

§520.34. Roads.

(a) Paved roads shall be provided which extend from the public conveyance to the licensed facility to allow the loading and unloading of patients and public from vehicles or ambulances and supplies by delivery trucks.

(b) Paved roads shall be covered with a firm surface consisting of pavers, brick, asphalt, or concrete. Gravel, shell, and dirt roads shall be prohibited. Where public transportation serves the site, paved roads shall extend from the public conveyance to the building entrance.

(c) Roads shall be clear of excessive, large debris and suitable for travel.

§520.35. Walkways.

(a) A licensed facility shall provide paved exterior walkways for pedestrian traffic. Walkways shall provide a firm surface consisting of pavers, brick, asphalt, aggregate pebble, or concrete.

(b) A licensed facility shall not use gravel, shell, or dirt for exterior walkways unless used for walkways in healing gardens, exterior therapeutic landscaped areas, psychiatric outdoor space, and similar outdoor areas.

(c) A licensed facility shall maintain exterior walkways to avoid tripping hazards. The facility shall ensure exterior walkways are suitable for travel.

(d) Where a public walkway serves the site, paved walkways shall extend from the public conveyance to the building entrance.

§520.36. Parking and Loading.

(a) When a facility is in the process of applying for initial licensure, major addition to a licensed facility, major change in function, or an increase in licensed bed count or dialysis stations; the parking capacity shall meet the requirements in this section.

(b) A licensed facility's functional program shall provide the required parking count and the actual parking count.

(c) A licensed facility must maintain and have readily available the following required documents relating to parking. A facility shall provide either of the following required documents during a final architectural inspection by the Texas Health and Human Services Commission Architectural Review Unit.

(1) Where the parking is offsite, a contract indicating the allotted parking spaces at a parking area or garage; or

(2) Where the licensed facility shares a parking lot with a multi-tenant building, a contract indicating the allotted parking spaces.

(d) Parking areas shall be covered with a firm surface consisting of pavers, brick, asphalt, or concrete. Gravel, shell, dirt, or grass parking areas shall be prohibited. Parking areas shall be clear of excessive, large debris and suitable for travel.

(e) A licensed facility's parking and loading shall comply with the following requirements.

(1) In the absence of local parking standards or ordinances, the facility’s parking capacity shall comply with the following requirements.

(A) At a special or a general hospital, provide at least one parking space for each employee normally present during any single weekday shift and at least one parking space per licensed patient bed. Where outpatient services are offered, provide at least 1.5 parking spaces per imaging treatment room and per emergency treatment or exam room. Where an emergency unit is provided, parking spaces for patient vehicles shall be close to its entrance in accordance with paragraph (5)(C) of this subsection.

(B) At a private psychiatric hospital, provide at least one parking space for each employee normally present during any single weekday shift and at least one parking space per five licensed beds. Where outpatient services are offered, provide at least one parking space per outpatient.

(C) At a crisis stabilization unit, provide at least one parking space for each employee normally present during any single weekday shift and at least three parking spaces.

(D) At an ambulatory surgical center, provide at least one parking space for each employee normally present during any single weekday shift and at least one parking space per operating room and per procedure room.

(E) At an end stage renal disease facility (ESRD), provide at least one parking space for each employee normally present during any single weekday shift and at least one parking space per treatment and per training station. Where the ESRD is in a multi-tenant parking lot, parking space for patient vehicles shall be close to its entrance.

(F) At a home training end stage renal disease, provide at least one parking space for each employee normally present during any single weekday shift and at least three parking spaces.

(G) At a freestanding emergency medical care facility (FEMC), provide at least one parking space for each employee normally present during any single weekday shift and at least 1.5 parking space per treatment room. Where the FEMC is in a multi-tenant parking lot, parking space for patient vehicles shall be close to its entrance.

(2) A licensed facility shall provide a delivery truck loading space at its site. It shall be a separate, dedicated space or spaces located near the general support unit of a building. Refer to §520.151 of this chapter (relating to Service Entrance) for additional details.

(3) Where a mobile or transportable unit is permitted in this chapter, it shall be in accordance with Subchapter L of this chapter (relating to Specific Requirements for Mobile/Transportable Units).

(4) At least one vehicular loading and unloading at the main building entrance shall be provided. This entrance is a separate and distinct entrance from the service entrance. In a multi-tenant building, this requirement shall be permitted to be combined with building’s entry where the following is met, unless allowed in the applicable facility-specific subchapter of this chapter:

(A) Access to the licensed facility shall be located to incur minimal damage from floods and other natural disasters.

(B) Paved roads shall extend from the public conveyance (main road) to a dedicated passenger loading and unloading space, even where the road is outside the licensed facility’s property lines.

(C) At least one dedicated passenger loading and unloading space shall be provided for the passenger being transferred between a vehicle and the building’s main entrance door and shall be located on the shortest possible accessible route. For new construction, this route shall be a maximum of 30 feet travel distance from the vehicle to the building main entrance door. Where renovation is undertaken at the public entrance, this route shall be a maximum of 60 feet travel distance from the vehicle to the building main entrance door. Vehicles in the passenger loading and unloading space shall not block or restrict in the movement other vehicles in the drive or parking areas immediately adjacent.

(D) The passenger loading and unloading space shall be separate and distinct from the dedicated public entrance to the emergency unit and the dedicated ambulance loading and unloading space, in accordance with paragraph (5)(C) and paragraph (6) of this subsection, and §520.151 of this chapter.

(E) The space shall be a minimum of 16 feet wide by 20 feet long. Bollards shall not hamper the loading and unloading of a passenger.

(F) The space shall be at grade level and its surface shall be level, with an allowance for accessibility slope requirements. A vertical curb at the passenger loading and unloading space shall be prohibited, except in a currently licensed facility that is expanding its main entrance.

(G) The public entrance shall lead directly to the licensed facility’s main waiting room or, in a multi-tenant building, the main public entrance.

(H) The space shall be covered with a roof overhang or canopy to provide protection from inclement weather for the loading and unloading of a passenger from the vehicle’s passenger door, including the transfer maneuvers in and out of the transport vehicle. The roof overhang or canopy shall be a maximum of 16 feet high from the grade level at the passenger loading and unloading space to the underside of canopy. The underside of canopy shall be illuminated in accordance with §520.183(i)(5)(E) of this chapter (relating to Electrical Systems).

(5) Where an emergency unit of a licensed facility is provided or required, the following requirements shall be met.

(A) For further emergency access requirements refer to facility-specific subchapters in this chapter as follows:

(i) Subchapter C, Specific Requirements for General and Special Hospitals;

(ii) Subchapter D, Specific Requirements for Private Psychiatric Hospitals;

(iii) Subchapter E, Specific Requirements for Crisis Stabilization Units;

(iv) Subchapter F, Specific Requirements for Ambulatory Surgical Centers;

(v) Subchapter G, Specific Requirements for Freestanding Emergency Medical Care Facilities;

(vi) Subchapter I, Specific Requirements for End Stage Renal Disease Facilities;

(vii) Subchapter J, Specific Requirements for Home Training Only End Stage Renal Disease Facilities; or

(viii) Subchapter L, Specific Requirements for Mobile/Transportable Units.

(B) Projects with any of the following scopes of work shall meet the requirements of this subsection:

(i) General hospital, special hospital with an organized emergency unit, or FEMC that is in accordance with §520.11 of this subchapter (relating to New Construction);

(ii) Special hospital which changes facility designation to a general hospital or adds an organized emergency unit;

(iii) An addition that doubles the size of the existing emergency unit;

(iv) Relocation of the entire existing emergency unit; or

(v) Relocation of the existing emergency unit’s ambulance entrance or the emergency unit’s public entrance.

(C) A public emergency walk-in entrance to an emergency unit shall comply with the following requirements.

(i) Public access to emergency unit shall be located to incur minimal damage from floods and other natural disasters.

(ii) Paved roads shall extend from the public conveyance (main road) to a dedicated emergency passenger loading and unloading space, even where the road is outside the licensed facility’s property lines.

(iii) At least one dedicated emergency passenger loading and unloading space shall be provided for the passenger being transferred between a vehicle and the emergency unit. The space shall be located on the shortest possible accessible route to the emergency unit’s waiting room entrance door. This route shall be a maximum of 30 feet travel distance. The space shall not be blocked. Vehicles in the emergency passenger loading and unloading space shall not block or restrict movement of other vehicles in the drive or parking areas immediately adjacent to this space.

(iv) The emergency passenger loading and unloading space shall be separate and distinct from an ambulance loading and unloading space.

(v) The space shall be at least 16 feet wide by 20 feet long. Bollards shall not hamper the loading and unloading of an emergency passenger.

(vi) The space shall be at grade level and its surface shall be level, with an allowance for accessibility slope requirements. A vertical curb at the passenger loading or unloading space shall be prohibited, except in a currently licensed facility that is expanding its emergency unit.

(vii) The space shall lead directly to the licensed facility’s main emergency waiting room. In a multi-tenant building, public entrance to the emergency unit shall be prohibited to travel through a shared lobby.

(viii) The space shall be covered with a roof overhang or canopy to provide protection from inclement weather for the loading and unloading of an emergency passenger from the vehicle’s passenger door into the licensed facility. The roof overhang or canopy shall be a maximum of 16 feet high from the grade level at the transport vehicle space to the underside of canopy. The underside of canopy shall be illuminated, in accordance with §520.183(i)(5)(E) of this chapter. The roof overhang or canopy may be combined with the ambulance entry’s roof overhang or canopy where it meets the requirements of this section and the requirements in paragraph (6) of this subsection. In a multi-tenant building, the licensed facility shall be permitted to be combine with the building’s roof overhang or canopy where it meets the requirements of this section.

(ix) At least one sign shall be provided at the space with the word “EMERGENCY.” This sign shall be visible when approaching this space. The word “EMERGENCY” on the sign shall be in either red or white lettering, all capitalized font and minimum eight inches in size, on a contrasting background, and illuminated, in accordance with §520.183(i)(5)(E) of this chapter. The word “EMERGENCY” on the sign shall be completely covered until the licensed facility is opened to serve patients, in accordance with §520.8 of this subchapter (relating to Licensed Facility Not in Use).

(6) Ambulance loading and unloading to an emergency unit shall comply with National Fire Protection Association 1917, Standard for Automotive Ambulances and the following requirements.

(A) Ambulance access to an emergency unit shall be located to incur minimal damage from floods and other natural disasters. Ground ambulance service shall be provided to facilitate the timely transfer of patients.

(B) Paved roads shall extend from the public conveyance (main road) to a dedicated ambulance loading and unloading space, even where the road is outside the licensed facility’s property lines.

(C) At least one dedicated ambulance loading and unloading space shall be provided for the patient being transferred between an ambulance vehicle and the emergency unit. The space shall be located on the shortest possible route to the emergency unit’s patient treatment door. This route shall be a maximum of 30 feet travel distance. The space shall not be blocked. Ambulance in the loading and unloading space shall not block or restrict movement of other vehicles in the drive or parking areas immediately adjacent to this space.

(D) The ambulance loading and unloading space shall be separate and distinct from the public emergency walk-in entrance to an emergency unit. A visual barrier shall be provided at a hospital where an emergency unit is provided, and both its public emergency entry and the ambulance entry are adjacent. The physical barrier shall extend from the ambulance loading and unloading space to the building facade to create a visual separation barrier between patients being wheeled in and out of an ambulance and the public emergency walk-in entrance.

(E) The ambulance loading and unloading space shall be a least 18 feet wide by 25 feet long to accommodate expanded-capacity stretchers and gurneys, mobile patient lift devices, and the accompanying attendants. Bollards shall not hamper the transferring of a patient.

(F) The ambulance loading and unloading space shall be at grade level and its surface shall be level, with an allowance for accessibility slope requirements, for the emergency medical crew during their exiting from the ambulance and the patient being transferred. A vertical curb at the ambulance’s loading and unloading space shall be prohibited, except in a currently licensed facility that is expanding its emergency unit.

(G) The ambulance loading and unloading space shall lead directly to the licensed facility’s emergency unit’s patient care area. In a multi-tenant building, ambulance entrance shall be prohibited to travel through a shared lobby.

(H) The ambulance loading and unloading space shall be covered with a roof overhang or canopy to provide protection from inclement weather for the emergency medical crew during their exiting from the ambulance and over the patient being transferred. The roof overhang or canopy shall be a maximum of 16 feet high from the grade level at the emergency vehicle space to the underside of the canopy. The underside of the canopy shall be illuminated, in accordance with §520.183(i)(5)(E) of this chapter. The roof overhang or canopy may be combined with the public emergency walk-in entrance to the emergency unit where it meets the requirements of this section. In a multi-tenant building, the licensed facility shall be permitted to be combined with the building’s roof overhang or canopy where it meets the requirements of this section.

(I) At least one sign shall be provided at the ambulance loading and unloading space with the word “AMBULANCE.” This sign shall be visible when approaching this space. The word “AMBULANCE” on the sign shall be in either red or white lettering, all capitalized font and minimum eight inches in size, on a contrasting background, and illuminated, in accordance with §520.183(i)(5)(E) of this chapter. The word “AMBULANCE” shall be completely covered until the licensed facility is opened to serve patients, in accordance with §520.8 of this subchapter.

§520.37. Heliports.

(a) Where a heliport is provided, it shall be in accordance with Federal Aviation Administration Advisory Circular 150/5390-2C, Heliport Design, National Fire Protection Association 418: Standard for Heliports, and this section.

(b) The landing pad and flight approach paths shall comply with applicable regulations governing placement, safety features, lighting, fencing, and other site elements to accommodate safe and secure transport services and the timely transfer of patients.

(c) Heliports shall incorporate noise mitigation strategies to meet the acoustic requirements in accordance with §520.179 of this chapter (relating to Noise Requirements).

(d) Grounds and path of travel shall be kept clear.

(e) Pad shall be in accordance with §520.22(4) of this subchapter (relating to Flood Protection).

(f) Lighting at the heliport and the path of travel to the licensed facility from the heliport shall be powered by the emergency electrical system, in accordance with §520.183(i)(5)(E) of this chapter (relating to Electrical Systems).

§520.38. Environmental Pollution Control.

A licensed facility shall meet the provisions of applicable government environmental pollution control laws and associated agency regulations.

TITLE 26 HEALTH AND HUMAN SERVICES

PART 1 HEALTH AND HUMAN SERVICES COMMISSION

CHAPTER 520 REQUIREMENTS FOR DESIGN, CONSTRUCTION, AND FIRE SAFETY IN HEALTH CARE FACILITIES

SUBCHAPTER B COMMON ELEMENTS FOR LICENSED FACILITIES

DIVISION 1 GENERAL

§520.40. General.

A licensed facility, as defined in §520.2 of this chapter (relating to Definitions), shall meet the requirements of this subchapter and Subchapter A of this chapter (relating to Introduction), as applicable to the licensed facility type. This shall include a facility in the process of applying for initial licensure or a licensed facility undergoing a project, as defined in §520.1 of this chapter (relating to General), at a general hospital, a special hospital, a private psychiatric hospital, a crisis stabilization unit, an ambulatory surgical center, an end stage renal disease facility, including home training end stage renal disease , or freestanding emergency medical care facility. The requirements for other types of special patient care rooms not listed in this subchapter shall be found in the facility-specific subchapters in this chapter as follows:

(1) Subchapter C, Specific Requirements for General and Special Hospitals;

(2) Subchapter D, Specific Requirements for Private Psychiatric Hospitals;

(3) Subchapter E, Specific Requirements for Crisis Stabilization Units;

(4) Subchapter F, Specific Requirements for Ambulatory Surgical Centers;

(5) Subchapter G, Specific Requirements for Freestanding Emergency Medical Care Facilities;

(6) Subchapter I, Specific Requirements for End Stage Renal Disease Facilities;

(7) Subchapter J, Specific Requirements for Home Training Only End Stage Renal Disease Facilities; or

(8) Subchapter L, Specific Requirements for Mobile/Transportable Units.

TITLE 26 HEALTH AND HUMAN SERVICES

PART 1 HEALTH AND HUMAN SERVICES COMMISSION

CHAPTER 520 REQUIREMENTS FOR DESIGN, CONSTRUCTION, AND FIRE SAFETY IN HEALTH CARE FACILITIES

SUBCHAPTER B COMMON ELEMENTS FOR LICENSED FACILITIES

DIVISION 2 PATIENT CARE AREAS

§520.41. Airborne Infection Isolation Room.

(a) The airborne infection isolation (AII) room shall isolate a patient who has or potentially has a known infectious disease that requires isolation but does not need a protective environment room. Where a facility-specific subchapter in this chapter requires an AII room or where provided in a licensed facility, the requirements in this section and in the following facility-specific subchapters shall be met:

(1) Subchapter C, Specific Requirements for General and Special Hospitals;

(2) Subchapter D, Specific Requirements for Private Psychiatric Hospitals;

(3) Subchapter E, Specific Requirements for Crisis Stabilization Units;

(4) Subchapter F, Specific Requirements for Ambulatory Surgical Centers;

(5) Subchapter G, Specific Requirements for Freestanding Emergency Medical Care Facilities;

(6) Subchapter I, Specific Requirements for End Stage Renal Disease Facilities;

(7) Subchapter J, Specific Requirements for Home Training Only End Stage Renal Disease Facilities; or

(8) Subchapter L, Specific Requirements for Mobile/Transportable Units.

(b) An AII room shall comply with the following requirements.

(1) The AII room shall comply with the requirements for that specific clinical space (e.g., exam room, intermediate care bedroom) in this chapter and this section.

(2) The AII room shall be permitted to be used for patients without airborne infectious diseases when not in use by patients with airborne infectious diseases and where terminally cleaned.

(3) The AII bedroom shall be permitted in individual patient care units or grouped as a separate isolation patient care unit. Where grouped together in one unit, the AII room shall be provided at a ratio of one AII room for each patient unit in the licensed facility or fewer and for each major fraction thereof.

(4) At least 10 percent of the AII rooms shall be handicapped accessible and shall meet §520.20 of this chapter (relating to Design Standards for Accessibility), whichever is greater.

(5) For the required number of AII rooms for a licensed facility, refer to the facility-specific subchapters in this chapter. Additional number of AII rooms shall be determined by the facility's governing body’s predication on an infection control assessment and its patient population served.

(6) Where minor renovation work is undertaken, the Texas Health and Human Services Commission (HHSC) may permit the built environment to meet the chapter requirements that were in effect at the time of the initial construction, addition or renovation was built in accordance with §520.14(c) of this chapter (relating to Exceptions).

(7) The AII room shall remain under negative pressure, relative to adjoining rooms, regardless if a patient without airborne infectious diseases is present. Pressure alarm shall be tested for negative pressure daily by medical staff whenever an infectious patient is present.

(c) The maximum capacity of an AII room shall be one bed in a patient bedroom or one gurney or examination table in an isolation treatment room.

(d)This room shall be equipped with or accommodate the following features.

(1) Provide space for personal protective equipment (PPE) storage at the entrance to the room and disposal or holding container for used PPE.

(2) Provide a hand-washing station in accordance with §520.67 of this subchapter (relating to Hand-Washing Station) and located inside the room, within five feet of its entrance. Where minor renovation work is undertaken or where a non-isolation room is turned into an isolation room without changing its designated bed type, the hand-washing station may remain in its existing location.

(3) A patient bathroom shall serve only one AII room and shall be directly adjacent to the AII room.

(4) Constructed perimeter walls, ceilings, and floors, including penetrations, shall prevent air exfiltration.

(5) Provide washable fabric window treatments in accordance with §520.177(e) of this chapter (relating to Furnishings).

(6) Provide washable fabric privacy cubicle curtains in accordance with §520.177(f) of this chapter.

(7) An AII room's exit door, and where provided, anteroom doors shall be tied to a pressure sensor. The sensor when activated by a pressurization difference shall activate a pressure alarm. Door opening from the AII room shall have a 41.5-inch minimum clearance.

(A) AII exit door and where provided, anteroom exit doors shall have latching hardware.

(B) All exit doors must have edge seals along the sides and top of the doorframe. A facility may install bottom edge door sweeps to assist in maintaining negative pressure.

(C) Where a psychiatric patient will use the AII room, its finishing, furnishings, and hardware shall be in accordance with §520.178 of this chapter (relating to Psychiatric Finishes and Furnishings).

(e) Where the AII serves as a bedroom, it shall have a bathroom directly accessible to it, except for intensive care bedroom or neonatal intensive care bedroom. Where a psychiatric patient will use the AII toilet room or bathroom, its finishing, furnishings, and hardware shall be in accordance with §520.178 of this chapter.

(f) Where a facility-specific subchapter in this chapter requires an anteroom or where provided in a licensed facility, the facility shall meet the following requirements in this subsection.

(1) Meet the facility-specific requirements in the facility’s subchapter as follows:

(A) Subchapter C, Specific Requirements for General and Special Hospitals;

(B) Subchapter D, Specific Requirements for Private Psychiatric Hospitals;

(C) Subchapter E, Specific Requirements for Crisis Stabilization Units;

(D) Subchapter F, Specific Requirements for Ambulatory Surgical Centers;

(E) Subchapter G, Specific Requirements for Freestanding Emergency Medical Care Facilities;

(F) Subchapter I, Specific Requirements for End Stage Renal Disease Facilities;

(G) Subchapter J, Specific Requirements for Home Training Only End Stage Renal Disease Facilities; or

(H) Subchapter L, Specific Requirements for Mobile/Transportable Units.

(2) The anteroom shall allow for gowning and donning and doffing personal protective equipment (PPE) attire before entering the AII room. This controlled area shall allow the transfer of supplies, equipment and persons without contamination impacting the surrounding health care area.

(3) An anteroom may serve more than one AII bedroom where directly accessible to the AII bedrooms.

(4) An anteroom shall be accessed from the corridor and provide direct access to each AII bedroom.

(5) This room shall be in accordance with §520.49(f) of this division (relating to Seclusion Room), and provide the following:

(A) a hand-washing station in accordance with §520.67 of this subchapter (relating to Hand-Washing Station) of this chapter;

(B) storage accommodations for unused PPE;

(C) a disposal or holding container for used PPE; and

(D) a vision panel in the door between the anteroom and the patient bedroom that is sized to view at least 75 percent of the bedroom.

(6) Where an anteroom is provided, it shall remain under negative pressure relative to the corridor. Pressure alarm shall be tested for negative pressure daily by medical staff whenever an infectious patient is present.

(g) Where a facility selects to provide a pressure alarm or where one is required, the facility shall meet the requirements in this subsection and in the facility-specific subchapter. The pressure alarm is a device to safely and reliably manage the pressurization of a room. A facility may install additional pressure alarm devices but doing so is not a substitute for the following requirements. The pressure alarm shall comply with the following requirements:

(1) monitor all doors into an AII room and where provided, the anteroom;

(2) activate a visual and audible alarm when the negative pressure is not maintained in the pressurized room;

(3) be audible at a constantly attended nurse station as required by the facility-specific subchapters in this chapter;

(4) be operational at any AII door and, where provided, anteroom doors;

(5) be permanently mounted facing the corridor, and within 3 feet of the AII room entrance door, or, where provided, within 3 feet of the anteroom’s corridor door; and

(6) be powered by an emergency backup system in accordance with §520.183(k)(6)(C) of this chapter (relating to Electrical Systems).

§520.42. Clinical Examination Room.

(a) Where a facility-specific subchapter in this chapter requires a clinical examination room, the requirements in this section and any requirements in the following facility’s subchapters shall be met:

(1) Subchapter C, Specific Requirements for General and Special Hospitals;

(2) Subchapter D, Specific Requirements for Private Psychiatric Hospitals;

(3) Subchapter E, Specific Requirements for Crisis Stabilization Units;

(4) Subchapter F, Specific Requirements for Ambulatory Surgical Centers;

(5) Subchapter G, Specific Requirements for Freestanding Emergency Medical Care Facilities;

(6) Subchapter I, Specific Requirements for End Stage Renal Disease Facilities;

(7) Subchapter J, Specific Requirements for Home Training Only End Stage Renal Disease Facilities; or

(8) Subchapter L, Specific Requirements for Mobile/Transportable Units.

(b) The facility shall not use a clinic examination room for patient treatment services or emergency care. The facility may use a clinical examination room for individual consultation services.

(c) The maximum capacity of a clinical examination room shall be one examination table.

(d) A single-occupant clinical examination room shall provide a minimum 80 square feet clear floor area with minimum eight foot clear dimensions. Refer to §520.2 of this chapter (relating to Definitions) for definitions of clearance, clear dimension, and clear floor area.

(e) A hand-washing station shall be provided in accordance with §520.67 of this subchapter (relating to Hand-Washing Station)

(f) Medical gas is not required; however, if a facility provides medical gas in one clinical examination room, the facility shall provide medical gas in all clinical examination rooms in the unit.

(g) A nurse call system is not required; however, if a facility provides a nurse call system in one clinical examination room, the facility shall provide a nurse call system in all clinical examination rooms in the unit.

§520.43. Consultation Room.

(a) Where a facility-specific subchapter in this chapter requires a consultation room or where provided in a licensed facility, the facility shall meet the requirements in this section and any requirements in the facility-specific subchapters in this chapter as follows:

(1) Subchapter C, Specific Requirements for General and Special Hospitals;

(2) Subchapter D, Specific Requirements for Private Psychiatric Hospitals;

(3) Subchapter E, Specific Requirements for Crisis Stabilization Units;

(4) Subchapter F, Specific Requirements for Ambulatory Surgical Centers;

(5) Subchapter G, Specific Requirements for Freestanding Emergency Medical Care Facilities;

(6) Subchapter I, Specific Requirements for End Stage Renal Disease Facilities;

(7) Subchapter J, Specific Requirements for Home Training Only End Stage Renal Disease Facilities; or

(8) Subchapter L, Specific Requirements for Mobile/Transportable Units.

(b) The facility shall use a consultation room for consultation purposes for a patient, family member, referring clinician, and allow for remote consultation with referring clinicians, in accordance with §520.51 of this division (relating to Telemedicine Service).

(c) The facility shall not use a consultation room for an examination or medical treatment, and as such, medical gas, a nurse call system, and hand-washing stations are prohibited in the consultation room.

(d) Where a consultation room is provided in psychiatric areas, it shall also be in accordance with §520.178 of this chapter (relating to Psychiatric Finishes and Furnishings).

(e) Acoustic requirements shall meet the table in §520.1204 (relating to Design Criteria for Minimum Sound Isolation Performance Between Enclosed Rooms). (f) The consultation room shall provide a minimum 80 square feet clear floor area with minimum eight foot clear dimensions.

§520.44. Debridement Bathing Room.

Where a facility provides a debridement bathing room to assist burned patients in a patient care unit, the debridement bathing room shall meet the requirements in this section.

(1) The debridement bathing room shall meet the applicable requirements in §520.202 of this chapter (relating to Patient Care Unit) and comply with the following requirements. Refer to §520.2 of this chapter (relating to Definitions) for definitions of clearance, clear dimension, and clear floor area.

(A) Single-occupant bathing room shall provide a minimum 120 square feet clear floor area with a minimum 10 foot clear dimensions.

(B) Multiple-occupant bathing room shall provide a minimum 100 square feet clear floor area per bathing station with a minimum nine foot clear dimensions per bathing station.

(2) The debridement bathing room shall be equipped with or accommodate the following features:

(A) hand-washing station shall be provided in accordance with §520.67 of this subchapter (relating to Hand-Washing Station);

(B) bathtub or shower shall be provided to allow entry of portable or mobile mechanical lifts and shower gurney devices;

(C) space for the equipment, such as shower gurney devices, wheelchairs, and other portable wheeled equipment;

(D) space for a nurse;

(E) storage for soap and towels;

(F) space for drying and dressing;

(G) door opening shall be at least 41.5-inch clear; and

(H) heating, ventilation, and air conditioning system shall provide between 40 and 60 percent relative humidity.

(3) A toilet with a hand-washing station shall be provided in or directly accessible to each debridement bathing room.

§520.45. Examination Room or Emergency Unit Treatment Room.

(a) Where a facility-specific subchapter in this chapter requires an examination room or emergency unit treatment room or where provided in a licensed facility, the facility shall meet the requirements in this section and any requirements in the facility-specific subchapters in this chapter as follows:

(1) Subchapter C, Specific Requirements for General and Special Hospitals;

(2) Subchapter D, Specific Requirements for Private Psychiatric Hospitals;

(3) Subchapter E, Specific Requirements for Crisis Stabilization Units;

(4) Subchapter F, Specific Requirements for Ambulatory Surgical Centers;

(5) Subchapter G, Specific Requirements for Freestanding Emergency Medical Care Facilities;

(6) Subchapter I, Specific Requirements for End Stage Renal Disease Facilities;

(7) Subchapter J, Specific Requirements for Home Training Only End Stage Renal Disease Facilities; or

(8) Subchapter L, Specific Requirements for Mobile/Transportable Units.

(b) Examination or treatment rooms used for pelvic exams shall position the foot of the examination table away from the door.

(c) Where minor renovation work is undertaken, the built environment shall meet the ruleset under which any initial construction, addition, or renovation was built, in accordance with §520.14(c) of this chapter (relating to Exceptions).

(1) The area of an examination room or emergency unit treatment room shall be in accordance with. §520.2 of this chapter (relating to Definitions) for definitions of clearance, clear dimension, and clear floor area.

(2) A single-occupant patient examination room shall provide a minimum 120 square feet clear floor area with a minimum 10-foot headwall length.

(3) A multiple-occupant patient examination room shall provide a minimum 80 square feet clear floor area per patient care station with a minimum 8-foot headwall length per patient care station.

(d) A single-occupant room shall provide a minimum clearance of three foot on the exam side, three foot on the non-exam side, and three foot at the foot of the bed. A multiple-occupant room shall provide a minimum clearance of four foot between the side of an exam table and adjacent walls or partitions, and six foot between the sides of adjacent exam tables, and two foot between the foot of an exam table and a cubicle curtain. A minimum five-foot clearance outside of the cubicle curtains or other fixed object shall be provided to allow a clear unobstructed passage for beds, equipment, wheelchairs, staff, patients, and visitors.

(1) The room shall be equipped with or accommodate the following features:

(A) examination light shall be provided in accordance with §520.183(i)(5)(C) of this chapter (relating to Electrical Systems);

(B) accommodations for written or electronic documentation;

(C) hand-washing stations shall be provided in accordance with §520.67 of this subchapter (relating to Hand-Washing Station);

(D) storage accommodations for supplies and medical equipment;

(E) space for a visitor’s chair; and

(F) view panels shall be provided in doors, walls, or both in accordance with §520.172(c) of this chapter (relating to Architectural Details) to allow observation from nursing staff.

(2) A multiple-occupant examination room that contains a nurse station with full view of the patient stations is exempt from this requirement.

§520.46. Patients of Size.

(a) Areas designated for care of patients of size shall meet the requirements of this section.

(b) A licensed facility's functional program shall address how the licensed facility has provided spaces designed to enable safe care of patients of size. Functional program shall note the need for accommodations for care of patients of size.

(c) Spaces designated for care of or use by patients of size shall be determined by the governing body, unless otherwise noted in this chapter.

(d) Accommodations for patient handling, movement, and mobilization shall be provided by either an overhead lift system or a floor-based full-body sling lift and standing-assist lifts. Number of expanded-capacity lifts provided shall be determined by the governing body. Lifts chosen shall support the maximum projected weight capacities of patients of size as identified by the governing body.

(e) Patient bedrooms shall be in accordance with §520.117 of this chapter (relating to Bariatric Patient Care Unit).

(f) Patient examination, observation, or treatment rooms shall be in accordance with §520.45 of this subchapter (relating to Examination Room or Emergency Unit Treatment Room).

(g) When sizing equipment storage for areas where care will be provided for patients of size, space shall be provided to accommodate the size of the expanded-capacity equipment (e.g., floor-based lifts, lift slings and accessories) and supplies that will be used.

(h) Waiting areas shall be sized to accommodate the expanded-capacity furniture required for patients and visitors of size. A minimum of five percent of the seating shall be able to accommodate a person who weighs 600 pounds.

(i) All plumbing fixtures, handrails, grab bars, patient lift equipment, built-in furniture, and other furnishings and equipment in areas where patients of size will receive care shall accommodate the maximum patient weight identified by the governing body.

(j) Door openings shall be provided in accordance with §520.172(c)(3) of this chapter (relating to Architectural Details) and the following requirements.

(1) All door openings used for the path of travel to public areas and areas where care will be provided for patients of size shall provide a minimum clear door width of 45.5 inches to provide access for expanded-capacity wheelchairs.

(2) Door openings to patient bedrooms for patients of size shall provide a minimum clear door width of 57 inches.

(3) Door openings to toilet rooms or bathrooms designated for patients of size shall provide a minimum clear door width of 45.5 inches.

§520.47. Pre- and Post-Procedure Patient Care and Phase II Recovery Unit.

(a) Where a facility-specific subchapter in this chapter requires pre- and post-procedure (recovery) patient care services or where provided in a licensed facility, the facility shall meet the requirements in this section and any requirements in the facility-specific subchapters in this chapter as follows:

(1) Subchapter C, Specific Requirements for General and Special Hospitals;

(2) Subchapter D, Specific Requirements for Private Psychiatric Hospitals;

(3) Subchapter E, Specific Requirements for Crisis Stabilization Units;

(4) Subchapter F, Specific Requirements for Ambulatory Surgical Centers;

(5) Subchapter G, Specific Requirements for Freestanding Emergency Medical Care Facilities;

(6) Subchapter I, Specific Requirements for End Stage Renal Disease Facilities;

(7) Subchapter J, Specific Requirements for Home Training Only End Stage Renal Disease Facilities; or

(8) Subchapter L, Specific Requirements for Mobile/Transportable Units.

(b) Patient care stations shall be provided to accommodate gurneys or beds. Where a separate phase II recovery patient care unit is provided, recliners shall be permitted.

(c) The pre- and post-procedure patient care units and, where provided, the phase II recovery unit shall be in the unrestricted areas.

(d) The pre- and post-procedure patient care and phase II recovery areas shall meet the following layout requirements as indicated below.

(1) A pre-procedure patient care area, phase I post-anesthetic care unit (PACU), and phase II recovery (step-down) area shall be permitted to be combined in one of the following arrangements, however the most restrictive requirements shall be met when services are combined in the same area.

(A) Combination of pre- and post-procedure patient care stations in one patient care area.

(B) Combination of pre-procedure patient care area, phase I PACU, and phase II recovery area.

(C) Combination of pre-procedure patient care area and phase II recovery area.

(D) Combination of pre-procedure patient care area and phase I PACU.

(E) Separate dedicated units for pre-procedure patient care area, phase I PACU, and where provided, phase II recovery area.

(2) Route to invasive room or procedure room in the surgical unit. At least one route of patient transport shall provide direct access from both the pre-procedure patient care area and the post-procedure patient care area, through the semi-restricted corridor of the surgical unit, to the restricted room or procedure room. Route shall be provided in accordance with §520.172(b) of this chapter (relating to Architectural Details). Where PACU is on a different floor than the surgical unit, the route shall provide an elevator in accordance with §520.191(g) of this chapter (relating to Elevators). Where major renovation work is undertaken in a surgical unit, pre-procedure unit, or phase I PACU, omission of the direct access to the semi-restricted corridor shall be permitted where the door from the pre-procedure patient care unit or the post-procedure patient care unit is within 20 feet travel distance from the surgical unit’s main door.

(3) Route to non-invasive procedure room outside a surgical unit. At least one route of patient transport shall provide direct access from both the pre-procedure patient care area and the post-procedure patient care area to the procedure room. Route shall be provided in accordance with §520.172(b) of this chapter. Where PACU is on a different floor than the procedure unit, the route shall provide an elevator in accordance with §520.191(g) of this chapter. Where major renovation work is undertaken in a surgical unit, pre-procedure unit, or PACU, omission of the direct access to the procedure unit shall be permitted where the door from the pre-procedure patient care unit or the post-procedure patient care unit is within 20 feet travel distance from the procedure unit’s main door.

(e) Pre- and post-procedure patient care stations and where provided, phase II recovery area shall be permitted to consist of bays, cubicles, or single-occupant patient rooms, or a combination. Omission of this requirement shall be permitted where a total of one invasive room and no procedure room is provided in the surgical unit, or where a total of one procedure room is provided in the procedure unit since the patient can prep and recover in the same room.

(1) Where pre- and post-procedure patient care stations are combined in one patient care area, at least two patient care stations shall be provided for each invasive imaging room, procedure room, and operating room. The number of phase II recovery rooms or stations is determined by the facility's governing body.

(2) Where a separate pre-procedure patient care unit, a separate PACU, and where provided a separate phase II recovery unit are provided, the number of patient care stations shall meet the following requirements.

(A) A pre-procedure patient care unit shall have at least one patient care station per each invasive imaging room, procedure room, and operating room .

(B) A PACU shall have at least one patient care station per each invasive imaging room, procedure room, and operating room

(C) For phase II recovery rooms or stations, the number is determined by the facility's governing body.

(D) In the PACU area, at least one airborne infection isolation (AII) patient care room in accordance with §520.41 of this division (relating to Airborne Infection Isolation Room) shall be provided. This room shall serve all phases, the pre-procedure services, the PACU services, and where provided, the phase II recovery services. Omission of the toilet room or bathroom required by §520.41(e) of this division shall be permitted.

(f) Recliners shall be permitted only at a Phase II recovery station. Where a pre-procedure patient care station or phase I post-anesthetic care unit station is combined with a phase II recovery station, the use of a recliner shall be prohibited.

(1) The Phase II recovery area shall be in accordance with §520.2 of this chapter (relating to Definitions) for definitions of clearance, clear dimension, and clear floor area.

(A) Single-occupant patient care room shall provide a minimum 100 square feet clear floor area with a minimum nine foot headwall length.

(B) Multiple-occupant patient care room, including ones with bays, cubicles, or movable cubicle partitions, shall provide a minimum 90 square feet clear floor area of per patient care station with a minimum nine foot headwall length per patient care station.

(2) A single-occupant room shall provide three feet on the transfer gurney side, three feet on the non-transfer gurney side, and three feet at the foot of the gurney. A multiple-occupant room shall provide three feet between the side of a gurney and adjacent walls or partitions, and five feet between the sides of adjacent gurneys, and two feet between the foot of a gurney and a cubicle curtain. A minimum five feet clearance outside of the cubicle curtains or other fixed object shall be provided to allow a clear unobstructed passage for beds, equipment, wheelchairs, staff, patients, and visitors.

(g) Patient privacy shall be provided in accordance with §520.101(e) of this chapter (relating to General).

(h) A hand-washing station shall be provided in accordance with §520.67 of this subchapter (relating to Hand-Washing Station).

(i) A patient toilet room shall be provided in accordance with §520.76 of this subchapter (relating to Patient Toilet Room) and the following requirements.

(1) A patient toilet room shall be directly accessible to each pre- and postoperative patient care area. Where major renovation work is undertaken, and the project does not include the pre- and post-procedure patient care area, the existing patient toilet can remain in its original location. Where separate pre- and post-procedure patient care areas are provided, the patient toilet room or rooms shall be permitted to be shared if directly accessible to each area.

(2) A patient toilet room shall be provided at a ratio of one patient toilet room for each eight patient bays, cubicles and individual room or fewer and for each major fraction thereof. Any pre- or post-procedure patient care single-occupant room that is directly accessible to a patient toilet room shall only contribute to that one patient care station when determining the minimum number of toilet rooms required. At least one patient toilet room shall be handicapped accessible and shall meet §520.20 of this chapter (relating to Design Standards for Accessibility).

(j) A patient changing room shall be provided in accordance with §520.77 of this subchapter (relating to Patient Changing Room) for pre-procedure and phase II PACU area. Omission of this requirement shall be permitted where single-occupant rooms are provided.

(k) Storage for outpatient belongings shall be provided for securing outpatient’s personal effects, shall be lockable, and shall be immediately accessible to the pre- and post-procedure patient unit.

(l) Where visitor seating is provided, space for at least one visitor chair shall be provided within the boundaries of each patient care station.

(m) Where outpatient services are offered, a waiting area shall be provided in accordance with §520.91 of this subchapter (relating to Public Waiting Area) and a public toilet room shall be provided in accordance with §520.92 of this chapter (relating to Public Toilet Room). In a licensed facility that only offered inpatient services at the time of a final architectural inspection but are now modifying their services to serve outpatients, this subsection shall be met, and an application shall be submitted to the Texas Health and Human Services Commission Architectural Review Unit. The licensed facility's functional program shall indicate where outpatient services are provided for a surgical unit or procedure unit.

(n) Support areas for pre- and post-procedure patient care and phase II recovery shall comply with the following requirements.

(1) The support areas may be shared amongst the pre-procedure patient care area, PACU, or the phase II recovery area where the combination arrangement is provided. When a facility has separate dedicated units for the pre-procedure patient care area, PACU, or the phase II recovery area, each separate unit shall provide the support areas in that dedicated unit, unless noted otherwise in this chapter.

(2) A nurse station shall be provided in accordance with §520.62 of this subchapter (relating to Nurse Station) and comply with the following requirements.

(A) Direct visual observation between a Phase I PACU nurse station and each patient bed or gurney in the unit shall be provided. Such observation shall provide a view of the patient’s upper body while the patient is lying in bed or gurney.

(B) Where a sub-charting station is provided in the corridor, it shall be recessed a minimum of 18 inches to prevent chairs or equipment from encroaching in the corridor width.

(C) Video cameras shall not substitute for direct visual observation but may be used additional safety precautions.

(D) A hand sanitary dispenser shall not substitute for a hand washing station.

(3) A documentation area shall be provided in accordance with §520.63 of this subchapter (relating to Documentation Area).

(4) A hand-washing station shall be provided in accordance with §520.67 of this subchapter.

(5) A medication safety zone shall be provided in accordance with §520.68 of this subchapter (relating to Medication Safety Zone), as described in this section. Omission of this requirement shall be permitted in separate pre-procedure patient care units and where provided, separate phase I recovery units; however, where provided shall meet this section.

(6) A nourishment area or room shall be provided in accordance with §520.69 of this subchapter (relating to Nourishment Area or Room), as described in this section. Omission of this requirement shall be permitted where only a pre-procedure patient care area and PACU are provided.

(A) Where a nourishment area or room is provided, it shall be permitted to be shared with other patient care units where it is within 75 feet travel distance from the farthest patient care station.

(B) The nourishment area or room shall be in or directly accessible to phase II recovery. Where a nourishment area or room is provided for pre-procedure and PACU, it shall be immediately accessible to pre- and post-procedure patient care areas.

(C) Omission of a microwave shall be permitted.

(7) Where ice-making equipment is provided, it shall meet §520.70 of this subchapter (relating to Ice-Making Equipment); and ice-making equipment shall be permitted to be shared with other patient care units where it is within 75 feet travel distance from the farthest patient care station.

(8) Where a clean workroom or clean supply room is provided, it shall meet the requirements of §520.71 of this subchapter (relating to Clean Workroom or Clean Supply Room) and comply with the following requirements.

(A) A clean workroom or clean supply room may be shared with another patient care unit or patient treatment unit, except for the surgical unit, where it is on the same floor as the patient care unit it serves and within 75 feet travel distance from the farthest patient care station.

(B) The use of the clean workroom or clean supply room in the semi-restrictive corridor shall be prohibited.

(9) Soiled workroom in accordance with §520.72 of this subchapter (relating to Soiled Workroom or Soiled Holding Room) shall be provided and meet the following requirements

(A) A soiled workroom shall be directly accessible to the recovery room or recovery unit.

(B) Where the soiled workroom is directly accessible to both the pre- and post-procedure patient care areas and the surgical unit’s semi-restrictive corridor, the soiled workroom shall be permitted to be combined where the room is directly accessible from both the non-restricted side and the semi-restricted side.

(10) Equipment storage in accordance with §520.73 of this subchapter (relating to Equipment Storage) shall be provided and comply with the following requirements.

(A) Emergency equipment storage space for emergency resuscitation equipment and supplies shall be provided in or adjacent to each pre- and post-procedure patient care area or unit in accordance with §520.73(c)(6) of this subchapter.

(B) Gurney or stretcher and wheelchair storage shall be provided in accordance with §520.73(e) of this subchapter.

(11) An environmental services room shall be provided in accordance with §520.74 of this subchapter (relating to Environmental Services Room), as comply with the following requirements.

(o) Support areas for staff shall comply with the following requirements.

(1) Staff storage shall be provided in accordance with §520.83 of this chapter (relating to Staff Storage). Staff storage shall be in or readily accessible to the patient care unit.

(2) A staff toilet shall be provided in accordance with §520.82 of this subchapter (relating to Staff Toilet Room) and the following requirements.

(A) A staff toilet room shall be immediately accessible to pre- and post-procedure patient care areas to maintain staff availability to patients. Where minor renovation work is undertaken, the existing staff toilet can remain in its original location. Where major renovation work is undertaken, and it appears impossible to meet the minimum space requirement, the Texas Health and Human Services Commission Architectural Review Unit's (ARU's) may waive this requirement at ARU's discretion. ARU shall issue a decision in writing to the licensed facility.

(B) The toilets in the surgical staff changing unit may be combined where immediately accessible to pre- and post-procedure patient care areas.

§520.48. Diagnostic Patient Holding.

(a) Where a facility-specific subchapter in this chapter requires pre-procedure holding as part of the patient care services or where provided in a licensed facility, the facility shall meet the requirements in this section and any requirements in the applicable facility-specific subchapters in this chapter as follows:

(1) Subchapter C, Specific Requirements for General and Special Hospitals;

(2) Subchapter D, Specific Requirements for Private Psychiatric Hospitals;

(3) Subchapter E, Specific Requirements for Crisis Stabilization Units;

(4) Subchapter F, Specific Requirements for Ambulatory Surgical Centers;

(5) Subchapter G, Specific Requirements for Freestanding Emergency Medical Care Facilities;

(6) Subchapter I, Specific Requirements for End Stage Renal Disease Facilities;

(7) Subchapter J, Specific Requirements for Home Training Only End Stage Renal Disease Facilities; or

(8) Subchapter L, Specific Requirements for Mobile/Transportable Units.

(b) Each diagnostic patient holding shall provide space for a gurney regardless if a gurney recliner is used.

(c) Diagnostic patient holding shall comply with the following location requirements.

(1) Diagnostic patient holding shall be permitted in the pre- and post-procedure patient care unit, as defined in §520.47 of this division (relating to Pre- and Post-Procedure Patient Care and Phase II Recovery Unit) but shall not be combined with the required station count for pre- and post-procedure patient care and phase II recovery.

(2) Diagnostic patient holding shall be:

(A) in an unrestricted area;

(B) out of the unit’s traffic flow; and

(C) prohibited from obstructing access to the exits from the unit.

(d) Diagnostic patient holding shall be provided at a ratio of one patient holding for each three patient non-invasive imaging rooms or fewer and for each major fraction thereof, unless noted in the applicable facility-specific subchapter of this chapter of this chapter.

(e) Diagnostic patient holding shall be permitted to consist of bays, cubicles, or single-occupant patient rooms, or a combination.

(1) The area for diagnostic patient holding shall meet the applicable requirements in §520.121 of this chapter (relating to General). Refer to §520.2 of this chapter (relating to Definitions) for definitions of clearance, clear dimension, and clear floor area.

(A) A single-occupant patient holding room shall provide a minimum 100 square feet clear floor area with a minimum nine foot headwall length.

(B) A multiple-occupant patient care holding station, including ones with bays, cubicles, or movable cubicle partitions, shall provide a minimum 90 square feet clear floor area of per patient station with a minimum nine foot headwall length per patient station.

(2) The following minimum clearances shall be provided around the bed or gurney and, where permitted, the recliner.

(A) A single-occupant patient holding room shall provide a minimum clearance of three feet on the transfer side, three feet on the non-transfer side, and three feet at the foot of the bed.

(B) A multiple-occupant patient care holding station shall provide a minimum clearance of three foot between the side of a patient bed, gurney, or recliner and adjacent walls or partitions, and five foot between the side of an adjacent patient bed, gurney, or recliner, and two foot between the foot of patient beds, gurneys, or recliners and the cubicle curtain. Where a bed, gurney, or recliner face each other, a minimum corridor clearance of five foot shall be provided from the foot of a bed or other fixed object to allow a clear unobstructed passage for beds, equipment, wheelchairs, staff, patients, and visitors.

(f) Patient privacy shall be provided in accordance with §520.101(e) of this chapter (relating to General).

(g) A hand-washing station shall be provided in accordance with §520.67 of this subchapter (relating to Hand-Washing Station).

(h) Pre-procedure patient holding shall be under staff control.

(i) A patient toilet room shall be provided in accordance with §520.76 of this subchapter (relating to Patient Toilet Room).

§520.49. Seclusion Room.

(a) Where psychiatric inpatient services are offered, a seclusion room, dedicated anteroom, and dedicated toilet room shall be provided and shall meet the requirements of this section. The seclusion room (de-escalation room) allows short-term management of disturbed or violent behavior and minimizes imminent harm to other patients and medical staff.

(b) A seclusion room shall be located to allow direct visual observation of the interior of the room from a nurse station or a sub-nurse station. Video cameras shall be prohibited as a substitution for direct visual observation but are permitted as additional safety precautions. Seclusion rooms shall be permitted to be grouped together where the travel distance is within 150 feet from the farthest patient care bedroom on the same floor.

(c) A seclusion room shall be provided at a ratio of one seclusion room for each 24 licensed psychiatric beds or fewer and for each major fraction thereof per a psychiatric unit. Where a licensed facility has more than one psychiatric patient care unit directly adjacent to another psychiatric patient care unit, the number of seclusion rooms shall be a function of the total number of licensed psychiatric beds in the combined psychiatric patient care units where centrally located to both units.

(d) The maximum capacity of a seclusion room shall be one patient.

(e) The area of a seclusion room shall meet the requirements in §520.2 of this chapter (relating to Definitions) for clearance, clear dimension, and clear floor area. A seclusion room shall provide a minimum 60 square feet clear floor area with minimum seven foot clear dimension and maximum 11 foot clear dimension.

(f) A seclusion room, dedicated anteroom, and dedicated toilet shall be constructed to avoid features that enable patient hiding, escape, injury, or suicide. Architectural details shall be provided in accordance with Subchapter C, Division 7 of this chapter (relating to Design and Construction Requirements) and comply with the following requirements.

(1) The walls, ceiling, and floor of the seclusion room shall withstand a direct, forceful impact without breaching the wall, floor, and ceiling cavity; such as impact-resistant gypsum panels meeting ATM C1629/1629M or sheet metal securely fastened to the studs before applying the drywall. Where padding is applied to the surfaces, the material shall meet Class A fire rating and be self-extinguishing. Where the padding is installed, the padding’s cut sheets shall be provided as a required document during a final architectural inspection.

(2) Door openings in accordance with §520.172(c)(3) of this chapter (relating to Architectural Details) shall be provided and comply with the following requirements.

(A) The entrance door to the seclusion room shall swing out.

(B) Doors shall allow staff observation of the patient through a view panel, while maintaining provisions for patient privacy in accordance with §520.101(e) of this chapter (relating to General). The view panel shall be fixed glazing with polycarbonate or laminate on the inside of the glazing.

(3) Outside corners or edges shall be prohibited.

(4) Tamper-resistant sealants shall be provided to help prevent patients from pulling them away from their surface.

(5) All items in the room, including lighting fixtures, sprinkler heads, heating, ventilation, and air-conditioning grilles, door hardware, and where provided a surveillance camera and strobe light, shall be tamper-resistant and designed to prevent injury to the patient.

(6) Electrical switches and receptacles shall be prohibited in the seclusion room and its dedicated toilet room.

(h) A patient toilet room dedicated to the seclusion room and directly accessible to a seclusion anteroom shall be provided in accordance with §520.76 of this subchapter (relating to Patient Toilet Room), as described in this section.

(i) The seclusion room shall be directly accessible to an anteroom or vestibule at a nurse station.

§520.50. Secure Holding Room.

(a) Where short-term observation and assessment of a patient’s condition is deemed inappropriate for care by the emergency unit’s standard care and requires the patient to be separated from other patients, a secure holding room shall be provided and shall meet the requirements in this section. The room and its associated toilet room shall be in accordance with §520.178 of this chapter (relating to Psychiatric Finishes and Furnishings).

(b) Room shall be visible from direct line of sight from a nurse station. Video cameras shall be prohibited as a substitution for direct visual observation but are permitted as additional safety precautions.

(c) The maximum capacity of a secure holding room shall be one patient.

(d) The area of a secure holding room shall meet §520.2 of this chapter (relating to Definitions) for clearance, clear dimension, and clear floor area. A secure holding room shall provide a minimum 60 square feet clear floor area with minimum seven foot clear dimension and maximum 11 foot clear dimension.

(e) A secure holding room and its toilet room shall be provided in accordance with §520.49(f) of this division (relating to Seclusion Room) and this section.

(1) Electrical outlets, medical gas outlets, or similar devices are prohibited. A secure holding room that is combined with an examination or treatment room and access to electrical outlets, medical gas outlets, hand-washing station, nurse call, countertop, portable exam light, and similar devices are secured behind a locked area is exempt from this requirement. The secured locked area shall not encroach in the minimum clear floor area of the examination or treatment room.

(2) The patient toilet room serving the secured holding room shall be provided within 30 feet travel distance of the secure holding room.

§520.51. Telemedicine Service.

(a) Where clinical telemedicine services are provided in a licensed facility, the facility shall meet requirements in this section and any requirements in the facility-specific subchapters in this chapter as follows:

(1) Subchapter C, Specific Requirements for General and Special Hospitals;

(2) Subchapter D, Specific Requirements for Private Psychiatric Hospitals;

(3) Subchapter E, Specific Requirements for Crisis Stabilization Units;

(4) Subchapter F, Specific Requirements for Ambulatory Surgical Centers;

(5) Subchapter G, Specific Requirements for Freestanding Emergency Medical Care Facilities:

(6) Subchapter I, Specific Requirements for End Stage Renal Disease Facilities;

(7) Subchapter J, Specific Requirements for Home Training Only End Stage Renal Disease Facilities; or

(8) Subchapter L, Specific Requirements for Mobile/Transportable Units.

(b) Remote communications via electronic equipment shall not be a substitute for in-person care. Telemedicine communications shall maintain the level of safety and privacy that is expected for in-person communication.

(c) A telemedicine bay, cubicle, or room shall be provided in accordance with §520.45 of this division (relating to Examination Room or Emergency Unit Treatment Room) or combined with other functions and provided in accordance with the applicable sections of this chapter for the room's function, such as a patient bedroom. Regardless of where the telemedicine services are provided, the patient shall be within view of the camera. Camera placement shall be set so recipients perceive the exchange as happening eye-to-eye.

(d) Privacy shall be in accordance with §520.101(e) of this chapter (relating to General), as described in this section.

(1) The telemedicine bay, cubicle, or room shall provide speech and visual privacy with adjacent spaces based on the bay, cubicle, or room’s clinical function, as indicated in the table in §520.1205 of this chapter (relating to Design Criteria for Speech Privacy for Enclosed Rooms and Open-Plan Spaces).

(2) Space for monitors, screens, or other projections of images or data shall be provided. Telemedicine equipment shall be either fixed or portable in support areas for telemedicine bays, cubicles, or rooms. Where portable equipment and peripheral devices are provided (e.g., digital camera and task lighting, portable electrocardiogram (EKG) devices, smartphones, roaming robots), secure storage shall be provided.

(3) Doors or cubicle curtains in view of the main camera shall be able to be closed to assure maximum privacy during the telemedicine appointment.

(e) Acoustic requirements shall meet the requirements of this subsection.

(1) Telemedicine rooms shall maintain the minimum sound absorption coefficient for the room’s clinical requirement in the table in §520.1202 of this chapter (relating to Minimum Design Room-Average Sound Absorption Coefficients) or 0.10 (absolute), whichever is greater.

(2) Telemedicine rooms shall achieve the minimum sound transmission class rating (STC) for the room’s clinical requirement in the table in §520.1204 of this chapter (relating to Design Criteria for Minimum Sound Isolation Performance Between Enclosed Rooms).

(3) Telemedicine rooms shall maintain background noise levels for the room’s clinical requirement in the table in §520.1203 of this chapter (relating to Maximum Design Criteria for Noise in Interior Spaces Caused by Building Systems).(f) The telemedicine bay, cubicle, or room shall provide the ability for direct frontal lighting. Means for controlling glare from natural and artificial light sources shall be provided.

(g) Telemedicine bay, cubicle, or room finishes, and colors shall provide a natural rendition of color and pattern. Backdrop wall color shall provide a light reflectance value of 30 to 40 percent.

(h) Licensed facility identification shall be provided so it appears in the transmitted image unless it is embedded in the telemedicine platform.

TITLE 26 HEALTH AND HUMAN SERVICES

PART 1 HEALTH AND HUMAN SERVICES COMMISSION

CHAPTER 520 REQUIREMENTS FOR DESIGN, CONSTRUCTION, AND FIRE SAFETY IN HEALTH CARE FACILITIES

SUBCHAPTER B COMMON ELEMENTS FOR A LICENSED FACILITY

DIVISION 3 SUPPORT AREAS FOR PATIENT CARE AREAS

§520.61. General.

The size of each support area shall depend on the numbers and types of beds or patient imaging, treatment, and patient care services served, unless noted in this chapter. The support spaces listed in this division shall be dedicated to and in the unit, unless sharing with other units or combining with other functions as noted in the facility-specific subchapters in this chapter as follows:

(1) Subchapter C, Specific Requirements for General and Special Hospitals;

(2) Subchapter D, Specific Requirements for Private Psychiatric Hospitals;

(3) Subchapter E, Specific Requirements for Crisis Stabilization Units;

(4) Subchapter F, Specific Requirements for Ambulatory Surgical Centers;

(5) Subchapter G, Specific Requirements for Freestanding Emergency Medical Care Facilities;

(6) Subchapter I, Specific Requirements for End Stage Renal Disease Facilities;

(7) Subchapter J, Specific Requirements for Home Training Only End Stage Renal Disease Facilities; or

(8) Subchapter L, Specific Requirements for Mobile/Transportable Units.

§520.62. Nurse Station.

(a) A nurse station provides accommodations for administrative tasks and clinically associated functions that impact the delivery of care to the patients. Where a facility-specific subchapter in this chapter requires a nurse station or where provided in a licensed facility, the facility shall meet the requirements in this section and any requirements in the facility-specific subchapters in this chapter as follows:

(1) Subchapter C, Specific Requirements for General and Special Hospitals;

(2) Subchapter D, Specific Requirements for Private Psychiatric Hospitals;

(3) Subchapter E, Specific Requirements for Crisis Stabilization Units;

(4) Subchapter F, Specific Requirements for Ambulatory Surgical Centers;

(5) Subchapter G, Specific Requirements for Freestanding Emergency Medical Care Facilities;

(6) Subchapter I, Specific Requirements for End Stage Renal Disease Facilities;

(7) Subchapter J, Specific Requirements for Home Training Only End Stage Renal Disease Facilities; or

(8) Subchapter L, Specific Requirements for Mobile/Transportable Units.

(b) A nurse station shall be permitted to be combined with reception and communication centers for patient care units or patient treatment areas.

(c) A nurse station shall be equipped with or accommodate the following features:

(1) a work counter;

(2) a hand-washing station in accordance with §520.67 of this subchapter (relating to Hand-Washing Station) shall be provided in, next to, or directly accessible to a nurse station; or

(3) a hand sanitation dispenser shall be permitted as a substitution for the sink;

(3) storage for supplies;

(4) a means for facilitating staff communication, including a nurse call annunciator, a telephone, and similar devices; and

(5) where a sub-nurse station is provided in the corridor, it shall be recessed a minimum of 18 inches to prevent chairs or equipment from encroaching in the corridor width.

§520.63. Documentation Area.

(a) A documentation area provides accommodations for written or electronic documentation. Where a facility-specific subchapter in this chapter requires a documentation area or where provided in a licensed facility, the facility shall meet the requirements in this section and any requirements in the facility-specific subchapters in this chapter as follows:

(1) Subchapter C, Specific Requirements for General and Special Hospitals;

(2) Subchapter D, Specific Requirements for Private Psychiatric Hospitals;

(3) Subchapter E, Specific Requirements for Crisis Stabilization Units;

(4) Subchapter F, Specific Requirements for Ambulatory Surgical Centers;

(5) Subchapter G, Specific Requirements for Freestanding Emergency Medical Care Facilities;

(6) Subchapter I, Specific Requirements for End Stage Renal Disease Facilities;

(7) Subchapter J, Specific Requirements for Home Training Only End Stage Renal Disease Facilities; or

(8) Subchapter L, Specific Requirements for Mobile/Transportable Units.

(b) The documentation area shall be permitted to be combined with a nurse station.

(c) A documentation area shall be equipped with a work surface storage accommodation, or both for electronic devices. Where a work surface is provided, it shall support the documentation process for the number of staff who will use it at the same time. Where storage accommodation for electronic devices is provided, it shall be secured and contain an electrical receptacle per device in accordance with §520.183(k)(6)(C) of this chapter (relating to Electrical Systems).

§520.64. Nurse Office.

A nurse office shall provide accommodations for focused, private work or meetings. Where a facility-specific subchapter in this chapter requires a nurse office or where provided in a licensed facility, the facility shall meet the requirements in this section and any requirements in the facility-specific subchapters in this chapter as follows:

(1) Subchapter C, Specific Requirements for General and Special Hospitals;

(2) Subchapter D, Specific Requirements for Private Psychiatric Hospitals;

(3) Subchapter E, Specific Requirements for Crisis Stabilization Units;

(4) Subchapter F, Specific Requirements for Ambulatory Surgical Centers;

(5) Subchapter G, Specific Requirements for Freestanding Emergency Medical Care Facilities;

(6) Subchapter I, Specific Requirements for End Stage Renal Disease Facilities;

(7) Subchapter J, Specific Requirements for Home Training Only End Stage Renal Disease Facilities; or

(8) Subchapter L, Specific Requirements for Mobile/Transportable Units.

§520.65. Multipurpose Room.

(a) A multipurpose room shall provide accommodations for staff, patients, and a patient’s family to conduct patient conferences, reports, education, and training sessions. A licensed facility shall provide a multipurpose room, unless required otherwise in other sections of this chapter, and shall meet the requirements in this section and any requirements in the facility-specific subchapters in this chapter as follows:

(1) Subchapter C, Specific Requirements for General and Special Hospitals;

(2) Subchapter D, Specific Requirements for Private Psychiatric Hospitals;

(3) Subchapter E, Specific Requirements for Crisis Stabilization Units;

(4) Subchapter F, Specific Requirements for Ambulatory Surgical Centers;

(5) Subchapter G, Specific Requirements for Freestanding Emergency Medical Care Facilities;

(6) Subchapter I, Specific Requirements for End Stage Renal Disease Facilities;

(7) Subchapter J, Specific Requirements for Home Training Only End Stage Renal Disease Facilities; or

(8) Subchapter L, Specific Requirements for Mobile/Transportable Units.

(b) A multipurpose room shall be permitted anywhere in the licensed facility, unless noted otherwise in other sections of this chapter. This room shall be permitted to be shared with several patient care units and patient care treatments areas, unless noted otherwise in other sections of this chapter.

(c) A multipurpose room shall provide a minimum 225 square feet clear floor area with minimum 15 foot clear dimensions. Refer to §520.2 of this chapter (relating to Definitions) for definitions of clearance, clear dimension, and clear floor area.

§520.66. Hand Scrub Sink.

(a) Where a facility-specific subchapter in this chapter requires a hand scrub sink or where provided in a licensed facility, the facility shall meet the requirements in this section and any requirements in the facility-specific subchapters in this chapter as follows:

(1) Subchapter C, Specific Requirements for General and Special Hospitals;

(2) Subchapter D, Specific Requirements for Private Psychiatric Hospitals;

(3) Subchapter E, Specific Requirements for Crisis Stabilization Units;

(4) Subchapter F, Specific Requirements for Ambulatory Surgical Centers;

(5) Subchapter G, Specific Requirements for Freestanding Emergency Medical Care Facilities;

(6) Subchapter I, Specific Requirements for End Stage Renal Disease Facilities;

(7) Subchapter J, Specific Requirements for Home Training Only End Stage Renal Disease Facilities; or

(8) Subchapter L, Specific Requirements for Mobile/Transportable Units.

(b) The hand scrub sink shall comply with the following location requirements.

(1) The placement of the hand scrub sink or sinks shall not restrict the minimum required circulation width. It shall either be recessed into an alcove or a physical partition shall be provided to reduce the likelihood of incidental splatter on adjacent staff, medical equipment, or supply carts. The alcove depth or physical partition configuration shall enable medical staff in the scrubbing process to keep their hands and arms below the elbow and over the scrub sink without interference from other medical staff and equipment or gurneys passing in the adjacent circulation areas.

(2) Where invasive procedures are performed, a hand scrub sink shall be in the semi-restricted corridor within five feet from the edge of the hand scrub sink to the edge of the doorframe which leads into the main entrance of each invasive procedure room. Where major renovation work is undertaken, a hand scrub sink shall be in the semi-restricted corridor within eight feet from the edge of the hand scrub sink to the edge of the doorframe which leads into the main entrance of each invasive procedure room.

(3) Where non-invasive procedures are performed, a hand scrub sink shall be in the room or in the corridor within five feet from the edge of the hand scrub sink to the edge of the doorframe which leads into the main entrance of a non-invasive procedure room. Where major renovation work is undertaken, a hand scrub sink shall be in the room or in the corridor within eight feet from the edge of the hand scrub sink to the edge of the doorframe which leads into a non-invasive procedure room.

(c) One hand scrub sink consisting of two scrub positions with dual faucets, shall be permitted to serve two procedure rooms.

(d) At least one view panel shall be provided for each invasive room and shall meet this requirement. View panel shall be permitted at non-invasive procedure rooms and trauma rooms where they meet this section. A view panel shall ensure the privacy of a patient.

(1) A view panel shall be located at the hand scrub sink in the entrance door into the room, or both. It shall be sized to allow for at least 75 percent observation of the room’s interior space. The bottom of the view panel’s glazing shall be a maximum of 52 inches above the standing surface of the user. Where minor renovation work is undertaken, the height of the view panel shall be permitted to remain as originally built.

(2) Video cameras shall be prohibited as a substitution for a view panel but are permitted as additional safety precautions.

§520.67. Hand-Washing Station.

(a) Hand-washing stations in patient care areas shall be located so they are visible and unobstructed. Hand-washing stations shall be prohibited behind stowed cubicle curtains and behind doors.

(b) A facility shall comply with the following hand-washing station number requirements.

(1) In a single-occupant patient care room, a hand-washing station shall be provided at the entrance in each room where patient care is provided, except as noted in §520.66 of this division (relating to Hand Scrub Sink).

(2) In a multi-occupant patient care room, the facility shall comply with the following requirements.

(A) Based on the arrangement of the patient care stations, hand-washing stations shall be evenly distributed, unless required in other sections of this chapter. In a linear arrangement of patient care stations, the distance from the two stations farthest from the hand-washing station shall be approximately equal. In a circular arrangement, the distance from all patient care stations shall be approximately equal.

(B) Hand-washing station shall be provided at a ratio of one hand-washing station for each four patient bays or cubicles, or individual room or fewer and for each major fraction thereof. Single-occupant room or a hand-washing station inside a patient cubicle or bay shall only contribute to that patient care station when determining the minimum number of hand-washing stations. Where hand-washing station is in, next to, or directly accessible to the nurse station, it shall be permitted to be counted as part of the minimum sink requirements where it is accessible to medical staff and not directly behind the nurse station. At least one hand-washing station shall be handicapped accessible and shall meet §520.20 of this chapter (relating to Design Standards for Accessibility), whichever is more stringent.

(c) Sink, countertop, basin, fitting, and anchoring shall meet the requirements in §520.184(j) of this chapter (relating to Plumbing Systems).

(d) Where alcohol-based hand-rub dispensers are provided, they shall meet National Fire Protection Association 101: *Life Safety Code* and shall be installed in a manner that adequately protects against inappropriate access.

(e) A hand drying device shall be provided at a hand-washing sink, except at a hand scrub sink. A hand drying device shall not require hands to contact the dispenser or where provided, the hot air dryer. Dispenser shall be enclosed to protect against dust and soil and to provide single-unit dispensing. Where provided, single-use towels shall be immediately accessible to the sinks. Hand drying devices shall not impede the use of a sink or its fittings. Single-use towels shall not extend into the sink’s basin.

(f) A cleansing agent, liquid or foam soap dispensers, shall be provided at a hand-washing station. To avoid confusion between soap and alcohol-based hand-rub dispensers, the alcohol-based hand-rub dispenser shall not be placed adjacent to sink and soap dispenser.

(g) A mirror is permitted at a hand-washing sink in a toilet room or a bathroom unless the mirror is at a hand scrub sink or a hand-washing station in food preparation areas, nurseries, clean and sterile supply areas, or other areas where asepsis control would be lessened by hair combing.

(h) Hand washing stations located in psychiatric patient areas shall comply with §520.178 (related to Psychiatric Finishes and Furnishings) of this chapter.

§520.68. Medication Safety Zone.

(a) A medication safety zone provides accommodations for preparing, dispensing, storing, and administering medications that impact the delivery of care to the patients. Where a facility-specific subchapter in this chapter requires a medication safety zone or where provided in a licensed facility, the facility shall meet the requirements in this section and any requirements in the facility-specific subchapters as follows:

(1) Subchapter C, Specific Requirements for General and Special Hospitals;

(2) Subchapter D, Specific Requirements for Private Psychiatric Hospitals;

(3) Subchapter E, Specific Requirements for Crisis Stabilization Units;

(4) Subchapter F, Specific Requirements for Ambulatory Surgical Centers;

(5) Subchapter G, Specific Requirements for Freestanding Emergency Medical Care Facilities,

(6) Subchapter I, Specific Requirements for End Stage Renal Disease Facilities;

(7) Subchapter J, Specific Requirements for Home Training Only End Stage Renal Disease Facilities; or

(8) Subchapter L, Specific Requirements for Mobile/Transportable Units.

(b) A facility shall comply with the following medication safety zone standards.

(1) Where a medication preparation room is used to compound sterile preparations, it shall meet the requirements in the United States Pharmacopeia and the National Formulary General Chapter <797> “Pharmaceutical Compounding—Sterile Preparations.”

(2) Task-specific lighting levels for health care settings shall meet 2016 ANSI/IES RP-29: Recommended Practices for Lighting for Hospitals and Healthcare Facilities.

(3) Medication safety zone shall meet the acoustic requirements in §520.179 of this chapter (relating to Noise Requirements).

(c) A medication safety zone shall be located out of public circulation paths and located so that staff can access information and perform required tasks. Medication preparation area or room shall be under visual control of the nursing staff. Medication preparation and dispensing shall not be done within the same designated areas of the laboratory services.

(d) A medication preparation area or room, self-contained medication dispensing unit, or automation medication-dispensing station shall be permitted to serve as a medication safety zone. The medication preparation area or room shall be equipped with or accommodate the following features.

(1) Work surface with space to perform the required tasks and shall be maintained in an organized manner to support effective use.

(2) Hand-washing station shall be provided in accordance with §520.67 of this division (relating to Hand-Washing Station).

(3) Locked storage for controlled drugs and medications.

(4) A lockable refrigerator used for storage of medications and shall maintain temperatures to ensure medications are kept at appropriate temperatures for such storage. Documentation of temperature recordings shall be maintained at the licensed facility.

(5) Where sharps containers are provided, they shall be placed at a height that meets the requirements of this section. At a standing workstation, the sharps container height shall be 52 to 56 inches above the standing surface of the user. At a seated workstation, the sharps container height shall be 38 to 42 inches above the floor on which the chair rests.

(e) Self-contained medication-dispensing units, automated medication-dispensing stations, or carts shall meet this subsection.

(1) Use of self-contained medication-dispensing unit, including automated medication-dispensing station, mobile medication-dispensing cart, or a robotic device, shall be permitted at the following locations provided the unit, station, or cart is locked to secure controlled drugs:

(A) at a nurse station;

(B) in a clean workroom;

(C) at an alcove, monitored by staff; or

(D) in a patient room.

(2) Where mobile medication-dispensing carts are provided, the space shall accommodate the cart.

(3) An area around the self-contained medication-dispensing unit shall be equipped with or accommodate at least the following features:

(A) Work surface or cart shall be provided adjacent to stationary medication-dispensing units or stations.

(B) Hand-washing station in accordance with §520.67 of this division or a hand sanitation dispenser shall be provided within four feet of stationary medication-dispensing unit or station.

§520.69. Nourishment Area or Room.

(a) Where a facility-specific subchapter in this chapter requires a nourishment area or room or where provided in a licensed facility, the requirements in this section and any requirements in the following facility-specific subchapters shall be met:

(1) Subchapter C, Specific Requirements for General and Special Hospitals;

(2) Subchapter D, Specific Requirements for Private Psychiatric Hospitals;

(3) Subchapter E, Specific Requirements for Crisis Stabilization Units;

(4) Subchapter F, Specific Requirements for Ambulatory Surgical Centers;

(5) Subchapter G, Specific Requirements for Freestanding Emergency Medical Care Facilities;

(6) Subchapter I, Specific Requirements for End Stage Renal Disease Facilities;

(7) Subchapter J, Specific Requirements for Home Training Only End Stage Renal Disease Facilities; or

(8) Subchapter L, Specific Requirements for Mobile/Transportable Units.

(b) The nourishment area or room shall be equipped with or accommodate the following features:

(1) work counter;

(2) hand-washing station, in accordance with §520.67 of this division (relating to Hand-Washing Station) in the nourishment room or directly accessible to the nourishment alcove area;

(3) storage for food and food service implements;

(4) refrigerator;

(5) microwave; and

(6) space for separate temporary storage of unused and soiled meal trays.

§520.70. Ice-Making Equipment.

(a) A licensed facility shall provide ice-making equipment and shall meet the requirements in this section and any requirements in the facility-specific subchapters in this chapter as follows:

(1) Subchapter C, Specific Requirements for General and Special Hospitals;

(2) Subchapter D, Specific Requirements for Private Psychiatric Hospitals;

(3) Subchapter E, Specific Requirements for Crisis Stabilization Units;

(4) Subchapter F, Specific Requirements for Ambulatory Surgical Centers;

(5) Subchapter G, Specific Requirements for Freestanding Emergency Medical Care Facilities;

(6) Subchapter I, Specific Requirements for End Stage Renal Disease Facilities;

(7) Subchapter J, Specific Requirements for Home Training Only End Stage Renal Disease Facilities; or

(8) Subchapter L, Specific Requirements for Mobile/Transportable Units.

(b) Ice-making equipment shall comply with the following location requirements.

(1) Ice-making equipment shall be in a clean area such as, a clean room, nourishment area or room, medication area or room, or where permitted in the facility-specific subchapter, the food service unit. The ice-making equipment shall be prohibited in a multiple-occupant patient care room, or across or adjacent to a patient’s bedroom to mitigate its noise.

(2) In areas restricted to staff only, use of storage bin-type equipment for making and dispensing ice shall be permitted.

(3) In public areas where ice-making equipment is provided for human consumption, the ice-making equipment shall be self-dispensing type.

(c) Ice making equipment shall comply with §520.183(k)(6)(C) of this chapter (Electrical Systems).

(d) Ice-making equipment shall be cleanable.

§520.71. Clean Workroom or Clean Supply Room.

(a) Where a facility is required to have or provides a clean workroom or clean supply room, the facility shall meet the requirements in this section and any requirements in the facility-specific subchapters in this chapter as follows:

(1) Subchapter C, Specific Requirements for General and Special Hospitals;

(2) Subchapter D, Specific Requirements for Private Psychiatric Hospitals;

(3) Subchapter E, Specific Requirements for Crisis Stabilization Units;

(4) Subchapter F, Specific Requirements for Ambulatory Surgical Centers;

(5) Subchapter G, Specific Requirements for Freestanding Emergency Medical Care Facilities;

(6) Subchapter I, Specific Requirements for End Stage Renal Disease Facilities;

(7) Subchapter J, Specific Requirements for Home Training Only End Stage Renal Disease Facilities; or

(8) Subchapter L, Specific Requirements for Mobile/Transportable Units.

(b) A facility shall use a clean supply room exclusively for storage and holding as part of a system for distribution of clean and sterile supplies.

(c) A clean workroom or clean supply room shall be separate from and have no direct connection with a soiled workroom, soiled holding room, or invasive room. A sub-sterile room is not considered a clean workroom or clean supply room.

(d) A facility may use a covered cart distribution system on each floor but doing so is not be a substitute for a clean workroom or clean supply room. Where a facility uses a covered cart distribution system, the storage of clean linen carts in a corridor shall meet the National Fire Protection Association 101: Life Safety Code. The facility’s functional program shall indicate the location where clean items are prepared for the patients when only a clean supply room is provided.

(e) A clean workroom shall be equipped with or accommodate the following features.

(1) Work counter. Omission of this requirement shall be permitted for a clean supply room.

(2) A hand-washing station shall be provided in accordance with §520.67 of this division (relating to Hand-Washing Station). Omission of this requirement shall be permitted for a clean supply room.

(3) Storage for clean and sterile supplies and shall be maintained in an organized manner to support effective use.

§520.72. Soiled Workroom or Soiled Holding Room.

(a) Where a facility requires a soiled workroom or soiled holding room or where provided in a licensed facility, the facility shall meet the requirements in this section and any requirements in the facility-specific subchapters in this chapter as follows:

(1) Subchapter C, Specific Requirements for General and Special Hospitals;

(2) Subchapter D, Specific Requirements for Private Psychiatric Hospitals;

(3) Subchapter E, Specific Requirements for Crisis Stabilization Units;

(4) Subchapter F, Specific Requirements for Ambulatory Surgical Centers;

(5) Subchapter G, Specific Requirements for Freestanding Emergency Medical Care Facilities;

(6) Subchapter I, Specific Requirements for End Stage Renal Disease Facilities;

(7) Subchapter J, Specific Requirements for Home Training Only End Stage Renal Disease Facilities; or

(8) Subchapter L, Specific Requirements for Mobile/Transportable Units.

(b) A facility shall only use a soiled supply room exclusively for temporary storage of soiled materials and supplies prior to their removal from the unit.

(c) A soiled workroom or soiled holding room shall meet the following general requirements.

(1) A soiled workroom or soiled holding room shall be separate from and have no direct connection to clean workroom or clean supply room, medication room, trauma room, cesarean delivery room, operating room, or other defined invasive room, or other sterile activity room.

(2) The room shall not have any through traffic to gain access to another room or corridor. Omission of this requirement shall be permitted for an endoscopy procedure room or two-room sterile processing unit in accordance with §520.144(a)(3) of this chapter (relating to Sterile Processing Unit).

(3) Where a soiled holding room is provided, the functional program shall indicate the location where soiled items shall be handled for preparation of subsequent cleaning, disposal, or reuse, including emptying and rinsing bedpans or emesis basins, emptying or solidifying suction canisters, and rinsing and gross cleaning of medical instruments.

(d) The soiled work room or soiled holding room shall be equipped with or accommodate the following features:

(1) A work counter shall be provided and maintained in an organized manner to support effective use. Omission of this requirement shall be permitted for a soiled holding room.

(2) A hand-washing station provided in accordance with §520.67 of this division (relating to Hand-Washing Station). Omission of this requirement shall be permitted for a soiled holding room.

(3) Storage for separate covered containers for waste and soiled linen.

(4) A clinical sink with a bedpan-rinsing device in accordance with §520.184(j)(9) of this chapter (relating to Plumbing Systems).

(5) Where a fluid management system is used, space for the docking stations shall be provided. Electrical and plumbing connections that meet manufacturer requirements shall be provided.

§520.73. Equipment Storage.

(a) Where a facility requires an equipment and supply storage alcove or room or where provided in a licensed facility, the facility shall meet the requirements in this section and any requirements in the facility-specific subchapters in this chapter as follows:

(1) Subchapter C, Specific Requirements for General and Special Hospitals;

(2) Subchapter D, Specific Requirements for Private Psychiatric Hospitals;

(3) Subchapter E, Specific Requirements for Crisis Stabilization Units;

(4) Subchapter F, Specific Requirements for Ambulatory Surgical Centers;

(5) Subchapter G, Specific Requirements for Freestanding Emergency Medical Care Facilities;

(6) Subchapter I, Specific Requirements for End Stage Renal Disease Facilities;

(7) Subchapter J, Specific Requirements for Home Training Only End Stage Renal Disease Facilities; or

(8) Subchapter L, Specific Requirements for Mobile/Transportable Units.

(b) The facility shall provide storage for general medical or surgical emergency supplies and equipment.

(c) The equipment storage alcove or room shall comply with the following general requirements.

(1) The required minimum square footage total shall be in addition to the general storage requirements in §520.153 of this chapter (relating to Materials Management Unit).

(2) Storage areas shall be kept clean and organized.

(3) A designated separate space for wheelchair storage shall be provided.

(4) Power outlets for charging equipment shall be provided and meet the requirements in §520.183(k)(6)(C) of this chapter (relating to Electrical Systems).

(5) Storage alcoves, including emergency storage alcoves, shall not encroach in the minimum required corridor width and located out of the path of traffic.

(6) Emergency equipment storage areas shall be readily accessible, under visual observation of staff, and maintained in an organized manner to support effective use. Emergency equipment shall be permitted to serve more than one patient care unit where access is available from each unit without traveling through a public corridor, unless noted in other facility-specific subchapters.

(d) A licensed facility's functional program shall provide the equipment alcove or room’s square footage, room numbers, and location at each patient care area or patient care that is under construction, renovation, or modification.

(1) A total clear area of 10 square feet per patient bed per unit is required for the following, unless noted in other facility-specific sections of this chapter:

(A) medical or surgical;

(B) pediatric and adolescent medical or surgical;

(C) newborn nursery;

(D) continuing care nursery;

(E) antepartum;

(F) postpartum;

(G) psychiatric, including chemical dependency;

(H) in-hospital skilled nursing;

(I) bariatric;

(J) palliative;

(K) metaiodobenzylguanidine (MIBG); and

(L) comprehensive medical rehabilitation.

(2) A total clear area of 20 square feet per patient bed per unit is required for the following, unless noted in other sections of this chapter:

(A) intermediate care;

(B) critical care, including pediatric and adolescent critical care, neonatal intensive care, and universal care; and

(C) labor-delivery-recovery (LDR) or labor-delivery-recovery-postpartum (LDRP).

(3) Storage areas for outpatient units shall provide a total area of at least five percent of the total floor area of the outpatient units served. The outpatient surgical and outpatient procedure units are exempt from this requirement since they shall meet the equipment storage requirements outlined in §520.128 of this chapter (relating to Surgical Unit) and §520.125 of this chapter (relating to Procedure Unit). Storage shall be permitted in the general storage room outlined in §520.153 of this chapter, or in a central area of the outpatient unit.

(e) At least one gurney or stretcher parking area and one wheelchair parking area shall be provided in a licensed facility, unless otherwise noted in the facility-specific subchapters.

§520.74. Environmental Services Room.

(a) A licensed facility shall provide at least one environmental services room. Where required or otherwise provided, it shall meet this section and the requirements of the facility-specific subchapters in this chapter as follows:

(1) Subchapter C, Specific Requirements for General and Special Hospitals;

(2) Subchapter D, Specific Requirements for Private Psychiatric Hospitals;

(3) Subchapter E, Specific Requirements for Crisis Stabilization Units;

(4) Subchapter F, Specific Requirements for Ambulatory Surgical Centers;

(5) Subchapter G, Specific Requirements for Freestanding Emergency Medical Care Facilities;

(6) Subchapter I, Specific Requirements for End Stage Renal Disease Facilities;

(7) Subchapter J, Specific Requirements for Home Training Only End Stage Renal Disease Facilities; or

(8) Subchapter L, Specific Requirements for Mobile/Transportable Units.

(b) At least one environmental services room shall be provided on a floor of the licensed facility where any patient care unit treatment unit, or diagnostic unit is located.

(c) The environmental services room shall comply with the following general requirements.

(1) Where only one environmental services room is provided per patient care floor, the facility's functional narrative shall explain the proper protocols for cleaning blood or body fluids versus general cleaning and how the cleaning equipment is separated for each type of use in in the licensed facility’s policies and procedures.

(2) Red bags and biohazardous waste shall be permitted to be stored in the environmental services room, however, storage of trash is prohibited in environmental services room.

(d) This room shall be equipped with or accommodate the following features.

(1) A service sink or floor-mounted mop sink with check valves on hot and cold-water supply lines.

(2) A hand-washing station shall be provided in accordance with §520.67 of this division (relating to Hand-Washing Station) or a hand sanitation dispenser.

(3) Storage for supplies, mop bucket, cleaning chemicals, and housekeeping equipment. Chemical storage shall be provided and stored on non-corrosive or stainless-steel shelving. Room shall be maintained in an orderly fashion.

(4) A rack for air drying mops.

(5) Where hot water or steam is used for general cleaning, additional space shall be provided in the room for storage of hoses and nozzles.

(e) An environmental services room shall be permitted to share space with any other patient care unit or patient diagnostic or treatment unit in the licensed facility, except at the following locations.

(1) A critical care unit, including a pediatric and adolescent critical care unit.

(2) A neonatal critical care unit.

(3) An obstetrical unit.

(4) An obstetrical unit’s cesarean semi-restricted corridor.

(5) A nursery unit. Where both newborn nursery and continuing care nursery are provided, one janitor closet shall serve both nurseries where they are on the same floor within 30 feet travel distance to each unit.

(6) The metaiodobenzylguanidine unit.

(7) The psychiatric unit.

(8) In-hospital skilled nursing unit.

(9) The emergency unit. At least one environmental service room shall be provided for each emergency unit where the units are farther than 30 feet from each other. An emergency unit’s observation area where the observation unit is adjacent to a medical or surgical nursing unit is exempt from this requirement.

(10) The surgical unit’s semi-restricted corridor.

(11) The endoscopy procedure unit.

(12) The infusion therapy (cancer treatment and chemotherapy) unit.

(13) The hemodialysis patient care unit and the transitional care or self-care units.

(14) The dietary unit. Omission of this requirement shall be permitted for a distribution dietary unit.

(15) The renal dialysis unit.

(16) The hyperbaric unit.

§520.75. Outpatient Waiting Area.

(a) Where a facility requires an outpatient waiting area or where provided in a licensed facility, the facility shall meet the requirements in this section and any requirements in the facility-specific subchapters in this chapter as follows:

(1) Subchapter C, Specific Requirements for General and Special Hospitals;

(2) Subchapter D, Specific Requirements for Private Psychiatric Hospitals;

(3) Subchapter E, Specific Requirements for Crisis Stabilization Units;

(4) Subchapter F, Specific Requirements for Ambulatory Surgical Centers;

(5) Subchapter G, Specific Requirements for Freestanding Emergency Medical Care Facilities;

(6) Subchapter I, Specific Requirements for End Stage Renal Disease Facilities;

(7) Subchapter J, Specific Requirements for Home Training Only End Stage Renal Disease Facilities; or

(8) Subchapter L, Specific Requirements for Mobile/Transportable Units.

(b) The facility’s functional program shall indicate where outpatient services are provided. In a licensed facility that only offered inpatient services at the time of a final architectural inspection but is now modifying their services to serve outpatients, this section shall be met. An application package shall be submitted to The Texas Health and Human Services Commission Architectural Review Unit for this change in patient services.

(c) Reception area (control station) shall be provided. It shall be permitted to be combined with office and clerical space where this section is met. Reception area shall allow direct visual observation of the waiting area during its operational hours.

(d) At least one wheelchair parking space shall be provided near the waiting area and shall be out of the path of normal traffic.

(e) Where the unit is routinely used for outpatients and inpatients at the same time, the outpatient waiting and the inpatient holding areas shall be separated with a physical barrier which provides visual and acoustic privacy between them. Waiting area shall not be used as an inpatient holding area.

(f) The outpatient waiting area shall be equipped with or accommodate the following features:

(1) seating for waiting periods that accommodate the maximum expected patient volume;

(2) drinking water, provided in accordance with §520.162(g) of this chapter (relating to Public Areas); and

(3) provisions for telephone access.

(g) The public toilet room in accordance with §520.162(e) of this chapter shall be provided on the same floor within 30 feet travel distance from the unit.

§520.76. Patient Toilet Room.

(a) Where a section requires a patient toilet room or where provided in a licensed facility, the facility shall meet the requirements in this section and any requirements in the facility-specific subchapters in this chapter as follows:

(1) Subchapter C, Specific Requirements for General and Special Hospitals;

(2) Subchapter D, Specific Requirements for Private Psychiatric Hospitals;

(3) Subchapter E, Specific Requirements for Crisis Stabilization Units;

(4) Subchapter F, Specific Requirements for Ambulatory Surgical Centers;

(5) Subchapter G, Specific Requirements for Freestanding Emergency Medical Care Facilities;

(6) Subchapter I, Specific Requirements for End Stage Renal Disease Facilities;

(7) Subchapter J, Specific Requirements for Home Training Only End Stage Renal Disease Facilities; or

(8) Subchapter L, Specific Requirements for Mobile/Transportable Units.

(b) A patient toilet room shall be provided for use by patients only. Patient toilet rooms shall be separate from a public toilet room, unless allowed in other sections of this chapter. Patient toilet rooms shall be separate from staff toilet rooms. Patient toilet rooms shall be immediately accessible from patient care areas without passing through publicly accessible areas, unless allowed in other sections of this chapter.

(c) Where patient care areas are located on more than one floor in the licensed facility, at least one patient toilet shall be on each patient care floor and where required in the facility-specific subchapter.

(d) The location of an airborne infection isolation toilet must be in accordance with§520.41(e) of this subchapter (relating to Airborne Infection Isolation Room).

(e) A patient toilet room shall be provided at a ratio of one patient toilet room for each six diagnostic or treatment, holding, observation, examination rooms or stations or fewer and for each major fraction thereof. At least one patient toilet room shall be handicapped accessible and shall meet §520.20 of this chapter (relating to Design Standards for Accessibility), whichever is more stringent.

(f) A patient toilet room shall be equipped with or accommodate the following features.

(1) A toilet.

(2) A hand-washing station in accordance with §520.67 of this division (relating to Hand-Washing Station).

(3) A bedpan-rinsing device in accordance with §520.184(j)(9) with this chapter (relating to Plumbing System).

(4) A mirror.

(5) A sign shall be posted at the entrance to each patient toilet room to identify its use, except in a patient bedroom.

(6) Where a toilet room is required to be ADA- or ANSI-compliant:

(A) thresholds shall be designed to facilitate use and to prevent tipping of wheelchairs and other portable wheeled equipment by patients and staff;

(B) grab bars shall be graspable to facilitate use and to be ligature-resistant; and

(C) each entry door into a patient toilet room shall provide space for health care providers to transfer patients to the toilet using portable mechanical lifting equipment.

(g) Where a psychiatric patient may use a space, a psychiatric patient toilet room shall be in accordance with §520.178 of this chapter (relating to Psychiatric Finishes and Furnishings).

§520.77. Patient Changing Room.

(a) Where a facility requires a patient changing room or rooms or where provided in a licensed facility, the facility shall meet the requirements in this section and any requirements in the facility-specific subchapters in this chapter as follows:

(1) Subchapter C, Specific Requirements for General and Special Hospitals;

(2) Subchapter D, Specific Requirements for Private Psychiatric Hospitals;

(3) Subchapter E, Specific Requirements for Crisis Stabilization Units;

(4) Subchapter F, Specific Requirements for Ambulatory Surgical Centers;

(5) Subchapter G, Specific Requirements for Freestanding Emergency Medical Care Facilities;

(6) Subchapter I, Specific Requirements for End Stage Renal Disease Facilities;

(7) Subchapter J, Specific Requirements for Home Training Only End Stage Renal Disease Facilities; or

(8) Subchapter L, Specific Requirements for Mobile/Transportable Units.

(b) The patient changing room shall provide space for outpatients to change from street clothing into patient gowns and to prepare for their treatment, imaging, procedure, or surgery.

(c) A patient changing room shall be prohibited from being combined with a patient toilet room.

(d) A patient changing room shall be on each floor where patient care (treatment, imaging, procedure, or surgery) is provided and adjacent to the unit the changing room serves. Patient changing room shall be adjacent to a patient toilet and the path of travel shall not pass through a public space.

(e) A patient changing room shall be equipped with or accommodate the following features:

(1) space for changing or gowning shall be provided;

(2) a seat or bench made of non-absorbable material;

(3) at least one changing room shall accommodate a wheelchair patient;

(4) a mirror shall be provided; and

(5) storage for patients’ belongings, securing valuables, and hanging patients’ clothing shall be provided. Storage shall be provided in a patient changing room or in a shared secured storage that is outside the changing room.

(f) Where a psychiatric patient may use a space, a psychiatric patient toilet room shall be in accordance with §520.178 of this chapter (relating to Psychiatric Finishes and Furnishings).

TITLE 26 HEALTH AND HUMAN SERVICES

PART 1 HEALTH AND HUMAN SERVICES COMMISSION

CHAPTER 520 REQUIREMENTS FOR DESIGN, CONSTRUCTION, AND FIRE SAFETY IN HEALTH CARE FACILITIES

SUBCHAPTER B COMMON ELEMENTS FOR A LICENSED FACILITY

DIVISION 4 SUPPORT AREAS FOR STAFF

§520.81. Staff Lounge.

(a) Where a facility requires a staff lounge or where provided in a licensed facility, the facility shall meet the requirements in this section and any requirements in the facility-specific subchapters in this chapter as follows:

(1) Subchapter C, Specific Requirements for General and Special Hospitals;

(2) Subchapter D, Specific Requirements for Private Psychiatric Hospitals;

(3) Subchapter E, Specific Requirements for Crisis Stabilization Units;

(4) Subchapter F, Specific Requirements for Ambulatory Surgical Centers;

(5) Subchapter G, Specific Requirements for Freestanding Emergency Medical Care Facilities;

(6) Subchapter I, Specific Requirements for End Stage Renal Disease Facilities;

(7) Subchapter J, Specific Requirements for Home Training Only End Stage Renal Disease Facilities; or

(8) Subchapter L, Specific Requirements for Mobile/Transportable Units.

(b) The staff lounge shall be prohibited from combining with a multipurpose room, unless allowed in other sections of this chapter.

(c) Where an exterior egress exit door is provided in the staff lounge, furniture shall be prohibited from impeding into the egress path of travel. Egress path shall be visually displayed.

(d) The staff lounge shall be a room provided with a minimum 100 square feet clear floor area.

(e) This room shall be equipped with or accommodate the following features:

(1) a work counter kept in a clean and organized manner;

(2) a hand-washing station provided in accordance with §520.67 of this subchapter (relating to Hand-Washing Station); and

(3) storage accommodations.

§520.82. Staff Toilet Room.

(a) A staff toilet room shall be provided for use by staff only. A staff toilet room shall be separate from a public or a patient toilet. A sign in accordance with §520.171 of this chapter (relating to Signage) shall be posted at the entrance to each staff toilet room identifying its use. This signage is not required where the staff toilet room is located inside a staff lounge or in a staff only corridor.

(b) Where staff lockers or staff storage is required or provided, they shall be separate from the staff toilet room.

(c) A room shall be equipped with a toilet and a hand-washing station in accordance with §520.67 of this subchapter (relating to Hand-Washing Station) shall be provided. A staff toilet room may be unisex where allowed by building and local codes.

§520.83. Staff Storage.

(a) Where a licensed facility is required to have or provides staff storage the licensed facility, the facility shall meet the requirements in this section and any requirements in the facility-specific subchapters in this chapter as follows:

(1) Subchapter C, Specific Requirements for General and Special Hospitals;

(2) Subchapter D, Specific Requirements for Private Psychiatric Hospitals;

(3) Subchapter E, Specific Requirements for Crisis Stabilization Units;

(4) Subchapter F, Specific Requirements for Ambulatory Surgical Centers;

(5) Subchapter G, Specific Requirements for Freestanding Emergency Medical Care Facilities;

(6) Subchapter I, Specific Requirements for End Stage Renal Disease Facilities;

(7) Subchapter J, Specific Requirements for Home Training Only End Stage Renal Disease Facilities; or

(8) Subchapter L, Specific Requirements for Mobile/Transportable Units.

(b) Securable closets, cabinet compartments, locking drawers, or lockers for the personal articles of staff shall be in or near a nurse station or at a staff lounge. The compartments shall be large enough for purses and billfolds. Where coat storage is provided, coats may be stored in closets or cabinets on each floor or in a central staff locker area.

§520.84. Staff Changing Unit.

(a) Where a licensed facility is required to have or provides a staff changing unit, the facility shall meet the requirements in this section and any requirements in the facility-specific subchapters in this chapter as follows:

(1) Subchapter C, Specific Requirements for General and Special Hospitals;

(2) Subchapter D, Specific Requirements for Private Psychiatric Hospitals;

(3) Subchapter E, Specific Requirements for Crisis Stabilization Units;

(4) Subchapter F, Specific Requirements for Ambulatory Surgical Centers;

(5) Subchapter G, Specific Requirements for Freestanding Emergency Medical Care Facilities;

(6) Subchapter I, Specific Requirements for End Stage Renal Disease Facilities;

(7) Subchapter J, Specific Requirements for Home Training Only End Stage Renal Disease Facilities; or

(8) Subchapter L, Specific Requirements for Mobile/Transportable Units.

(b) A facility shall provide a staff changing unit that meets the requirements of this section A staff changing unit is space for medical staff to change into the appropriate surgical attire to limit the microbial spread and prevent environmental contamination.

(c) A staff changing unit shall be equipped with or accommodate the following features.

(1) At least one male staff changing room and at least one female staff changing room shall be provided.

(2) At least one shower shall be provided and shall be permitted to share between the male changing room and the female changing room where directly accessible. A unisex staff toilet room with a shower shall be permitted where this paragraph and paragraph (3) of this subsection are met.

(3) At least one toilet room shall be provided and shall be permitted to share between the male staff changing room and the female staff changing room where directly accessible. A unisex staff toilet shall be permitted where access to the unisex staff toilet room is provided from both the male changing room and the female changing room without leaving the staff changing area. The toilet room shall provide a hand-washing station in accordance with §520.67 of this subchapter (relating to Hand-Washing Station).

(4) Lockers shall be provided and shall be permitted outside the changing rooms in a staff lounge that is directly accessible, or in the semi-restricted corridor directly outside the staff changing rooms.

(5) Space for donning and doffing surgical attire shall be provided.

(6) Separate storage for clean and for soiled surgical attire shall be provided.

TITLE 26 HEALTH AND HUMAN SERVICES

PART 1 HEALTH AND HUMAN SERVICES COMMISSION

CHAPTER 520 REQUIREMENTS FOR DESIGN, CONSTRUCTION, AND FIRE SAFETY IN HEALTH CARE FACILITIES

SUBCHAPTER B COMMON ELEMENTS FOR A LICENSED FACILITY

DIVISION 5 PUBLIC SUPPORT AREAS

§520.91. Public Waiting Area.

A licensed facility shall provide a public waiting area in accordance with §520.162 of this chapter (relating to Public Areas) and provide a reception area.

§520.92. Public Toilet Room.

(a) A licensed facility shall provide a public toilet room in accordance with §520.162(e) of this chapter (relating to Public Areas) and as described in this section.

(b) A public toilet room shall be within 150 feet travel distance and on the same floor as the patient care unit or patient care treatment area.

(c) Notwithstanding a toilet required by any other section in this chapter, a licensed facility shall provide at least one public toilet room. The toilet room for public use shall be readily accessible from the waiting area without passing through patient care or staff work areas. The public toilet room may be shared with other waiting areas where it is located on the same floor and within 150 feet travel distance from the farthest waiting area it serves.

(1) The public toilet room shall be equipped with a toilet and a hand-washing station in accordance with §520.67 of this chapter (relating to Hand-Washing Station).

(2) The public toilet room may be unisex or gender neutral where allowed by building and local codes and the public toilet room shall meet accessibility requirements as described in §520.20 of this chapter (relating to Design Standards for Accessibility).

(3) Notwithstanding any other section in this chapter, a public toilet room shall be provided separate from staff and patient use toilets. A sign that meets the signage requirements described in §520.171 of this subchapter (relating to Signage) shall be posted at the entrance to each public toilet room identifying its use. This signage is not required where the public toilet room is located off a main public corridor or near a public waiting room.

TITLE 26 HEALTH AND HUMAN SERVICES

PART 1 HEALTH AND HUMAN SERVICES COMMISSION

CHAPTER 520 REQUIREMENTS FOR DESIGN, CONSTRUCTION, AND FIRE SAFETY IN HEALTH CARE FACILITIES

SUBCHAPTER C SPECIFIC REQUIREMENTS FOR GENERAL AND SPECIAL HOSPITALS

DIVISION 1 INTRODUCTION

§520.100. General.

A physical environment that protects the health and safety of patients, personnel, and the public shall be provided in a licensed facility.

TITLE 26 HEALTH AND HUMAN SERVICES

PART 1 HEALTH AND HUMAN SERVICES COMMISSION

CHAPTER 520 REQUIREMENTS FOR DESIGN, CONSTRUCTION, AND FIRE SAFETY IN HEALTH CARE FACILITIES

SUBCHAPTER C SPECIFIC REQUIREMENTS FOR GENERAL AND SPECIAL HOSPITALS

DIVISION 2 PATIENT CARE UNITS

§520.101. General.

(a) A licensed facility shall provide at least one type of patient care unit. Where only mental health patient care units are provided in the licensed facility, it shall be licensed as a private psychiatric hospital or a crisis stabilization unit (CSU), as defined in §520.2 of this chapter (relating to Definitions) and in accordance with Subchapter D of this chapter (relating to Specific Requirements for Private Psychiatric Hospitals) or Subchapter E of this chapter (relating to Specific Requirements for Crisis Stabilization Units).

(b) Patient care units shall meet the requirements in this chapter for new construction.

(c) Patient care units shall meet the requirements in this chapter for renovated construction and other types of modifications indicated in §520.12 of this chapter (relating to Additions, Renovations, and Alterations), or where an existing patient care unit or a portion thereof is converted to another type of patient care unit or licensed bed designation.

(1) Where an existing patient care unit or a portion thereof is converted from one service to another, such as a mental health care unit converted to a medical or surgical nursing care unit, the newly designated patient care unit shall meet the section that pertains to the new designation. Omission of this requirement shall be permitted where the Executive Commissioner of the Texas Health and Human Services Commission issues an emergency rule for a temporary time.

(2) Where minor renovation is undertaken in a patient bedroom or where a licensed bed designation is modified, and its bedroom contains a hand-washing sink other than at the entry, the existing location of the sink shall be permitted.

(3) Where minor renovation is undertaken or where a licensed bed designation is modified, and the patient bedroom does not contain a hand-washing station, but the bathroom does contain a hand-washing station, no additional sink shall be required in the patient bedroom where the requirement in §520.14(c) of this chapter (relating to Exceptions) is met.

(4) Where minor renovation work is undertaken, and the patient bedroom provides a hand-washing station, but its bathroom does not contain a hand-washing station, a hand sanitizer shall be permitted a substitute for a hand-washing sink in the bathroom.

(d) Unrelated traffic of staff, the public, or other patients through a patient care unit shall be prohibited, except for emergency egress.

(e) Provisions shall be made to preserve a patient’s visual and speech privacy throughout the patient care process.

(1) Privacy provisions shall be provided from observation outside a patient care bedroom, patient treatment room, or each patient care station. Omission of this requirements shall apply for psychiatric patient care bedrooms and psychiatric observation units, however the route to the psychiatric units or care areas shall preserve the patient’s dignity.

(2) Cubicle curtains are required in multi-occupant patient bedrooms and multi-occupant treatment rooms. Omission of this requirement shall be permitted where portable privacy screens are available at the neonatal intensive care unit (NICU) area, nurseries, hemodialysis in-center area, infusion area, rehabilitation therapy area, and as approved by the Texas Health and Human Services Commission Architectural Review Unit. Cubicle curtains in a psychiatric bedroom are prohibited.

(3) Where patient privacy is provided by or required by cubicle curtains, the curtains shall be installed before a final architectural inspection. They shall fully close to assure maximum privacy from casual observation by visitors and other patients.

(4) Waiting areas for patients on stretchers or in gowns shall be out of view of the public circulation system.

(f) Where accommodations for care of patients of size are provided, they shall meet the requirements in §520.46 of this chapter (relating to Patients of Size), unless noted in other facility-specific subchapters in this chapter as follows:

(1) Subchapter C, Specific Requirements for General and Special Hospitals;

(2) Subchapter D, Specific Requirements for Private Psychiatric Hospitals;

(3) Subchapter E, Specific Requirements for Crisis Stabilization Units;

(4) Subchapter F, Specific Requirements for Ambulatory Surgical Centers;

(5) Subchapter G, Specific Requirements for Freestanding Emergency Medical Care Facilities;

(6) Subchapter I, Specific Requirements for End Stage Renal Disease Facilities;

(7) Subchapter J, Specific Requirements for Home Training Only End Stage Renal Disease Facilities; or

(8) Subchapter L, Specific Requirements for Mobile/Transportable Units.

(g) Each type of patient care bedroom per patient care unit shall provide at minimum 10 percent handicapped accessible bedrooms and their associated toilet or bathroom or grouped in a unit of the same type of licensed bed designation. Single-occupant bedroom, double-occupant bedroom, and isolation bedroom shall be considered different bedroom types. Designated licensed beds are also a different type. These requirements shall apply in all new construction and where an existing patient care unit or a portion thereof is converted from one service to another in accordance with §520.20 of this chapter (relating to Design Standards for Accessibility).

(h) An airborne infection isolation (AII) room in accordance with §520.4 of this chapter (relating to Airborne Infection Isolation Room) shall be provided.

(i) Where a non-licensed or other type of licensed facility is adjacent to a licensed facility, it shall be separated (vertically and horizontally) in accordance with §520.9(e) of this chapter (relating to Licensed Facility Location) and the building systems shall be separated in accordance with Subchapter C, Division 8 of this chapter (relating to Building Systems).

(j) Oncology services, palliative care services, metaiodobenzylguanidine services, or telemedicine services shall be permitted to occur at a licensed bed in accordance with §520.104 of this division (relating to Oncology Patient Care Unit); §520.118 of this division (relating to Palliative Patient Care Unit); §520.119 of this division (relating to Metaiodobenzylguanidine (MIBG) Patient Care Unit); and §520.51 of this chapter (relating to Telemedicine Service). Universal care services shall be permitted to occur at a licensed medical/surgical bed, licensed intermediate care bed, or a licensed critical care bed, however the patient care unit shall be provided in accordance with §520.106 of this division (relating to Critical Care Unit). Substance abuse services shall be permitted to occur at a licensed psychiatric bed, however the patient care unit shall be provided in accordance with §520.114 of this division (relating to Psychiatric (Mental Health/Behavioral Health) Patient Care Unit).

(k) Bed clearances shall be provided to support the patient’s safety. The size of a patient room shall allow unimpeded clearance on at least one side and at the front of any patient chair, recliner, wheelchair, or other such device, and meet the requirements for the patient care area as listed in the facility-specific subchapter.

(l) Family and visitor sitting and recumbent sleep areas in the patient bedroom shall not encroach in the minimum clear floor area and shall not reduce the minimum clearance requirements. Fixed encroachments shall meet the requirements in §520.14(b) of this chapter.

(m) Patient care units shall be prohibited from being a mixed population. Child psychiatric patient bedroom unit shall be physically separate and distinct from any adult psychiatric patient bedroom unit. Nurse stations or support areas shall be permitted to be shared where the separation and safety of the units are maintained. The facility’s functional program shall indicate where Alzheimer’s and other dementia units and pediatric and adolescent units are provided.

(n) Fixed encroachments shall meet §520.14(b)(1) - (4) of this chapter.

(o) Where a handrail or grab bar is required or provided in a licensed facility, they shall be in accordance with §520.172(e) and (f) of this subchapter (relating to Architectural Details). Tripping hazards shall be prohibited.

(p) A refrigerator shall be prohibited in any patient bedroom. Refrigerators and microwaves used for patient care or patient care areas shall be kept clean and orderly and expired food and mold shall be removed.

(q) A television shall be provided in each patient bedroom, except in psychiatric bedrooms. Additional television for a double-occupant or multi-occupant room shall be determined by the governing body.

(r) Building systems shall meet Division 8 of this subchapter (relating to Building Systems).

(s) For electrical receptacle requirements, refer to the table in §520.1207 of this chapter (relating to Electrical Receptacles for Patient Care Areas).

(t) For nurse call device locations, refer to the table in §520.1208 of this chapter (relating to Locations for Nurse Call Devices for Patient Care Areas).

(u) For medical gas outlet locations, refer to the table in §520.1209 of this chapter (relating to Station Outlets for Oxygen, Vacuum, Medical Air, and Instrument Air Systems for Patient Care Areas).

(v) For hot water requirements, refer to the table in §520.1210 of this chapter (relating to Hot Water Use).

(w) For architectural details, refer to Division 7 of this subchapter (related to Design and Construction Requirements).

(x) For heating, ventilation, and air conditioning requirements, refer to ANSI/ASHRAE/ASHE 170: Ventilation of Health Care Facilities.

§520.102. Medical/Surgical Patient Care Unit.

(a) Where medical/surgical patient care services are offered to inpatients, a medical/surgical patient care unit shall be provided in accordance with Division 2 of this subchapter (relating to Patient Care Units) and the requirements in this section.

(b) A patient bedroom in a medical/surgical patient care unit shall comply with the following requirements.

(1) The maximum capacity of a patient bedroom shall be two beds.

(A)Where major renovation work is undertaken, and the present capacity is more than two beds per room, the work shall result in a maximum patient bedroom capacity of two beds.

(B) A patient care unit shall provide at least one airborne infection isolation (AII) patient care bedroom in accordance with §520.41 of this chapter (relating to Airborne Infection Isolation Room).

(2) Where minor renovation work is undertaken, the Texas Health and Human Services Commission may permit the built environment to meet the chapter requirements that were in effect at the time of the initial construction, addition, or renovation was built in accordance with §520.14(c) of this chapter (relating to Exceptions).

(A) A single-occupant bedroom shall provide a minimum 120 square feet clear floor area with a minimum 10 foot headwall length. A double-occupant bedroom shall provide a minimum 110 square feet clear floor area per bed with a minimum nine foot headwall length per bed. Refer to §520.2 of this chapter (relating to Definitions) for definitions of “clearance,” “clear dimension,” and “clear floor area.”

(B) The following minimum clearances shall be provided.

(i) A single-occupant bedroom shall provide a minimum clearance of four feet on the transfer side, three feet on the non-transfer side, and three feet at the foot of the bed.

(ii) A double-occupant bedroom shall provide a minimum clearance of four feet between the side of a patient bed and adjacent walls/partitions, and four feet between the side of an adjacent patient bed. Where beds face each other, a minimum corridor clearance of five feet shall be provided from the foot of a bed or other fixed object to allow a clear unobstructed passage for beds, equipment, wheelchairs, staff, patients, and visitors.

(3) Windows shall be provided in accordance with §520.172(d) of this subchapter (relating to Architectural Details).

(4) Patient privacy shall be provided in accordance with §520.101(e) of this division (relating to General).

(5) A hand-washing station shall be provided in the patient bedroom in accordance with §520.67 of this chapter (relating to Hand-Washing Station).

(A) Hand-washing station shall be located at or adjacent to the entrance of the patient room with unobstructed access for use by medical staff and others entering and leaving the room. At a double-occupant bedroom, the hand-washing station shall be outside of the patient’s cubicle curtain.

(B) This sink is in addition to the sink required in a patient toilet room, unless noted in other facility-specific subchapters in this chapter as follows:

(i) Subchapter C, Specific Requirements for General and Special Hospitals;

(ii) Subchapter D, Specific Requirements for Private Psychiatric Hospitals;

(iii) Subchapter E, Specific Requirements for Crisis Stabilization Units;

(iv) Subchapter F, Specific Requirements for Ambulatory Surgical Centers;

(v) Subchapter G, Specific Requirements for Freestanding Emergency Medical Care Facilities;

(vi) Subchapter I, Specific Requirements for End Stage Renal Disease Facilities;

(vii) Subchapter J, Specific Requirements for Home Training Only End Stage Renal Disease Facilities; or

(viii) Subchapter L, Specific Requirements for Mobile/Transportable Units).

(C) Renovations must comply with §520.101(c) of this division.

(6) Patient storage shall be provided for each patient in a bedroom. It shall consist of a separate wardrobe, locker, or closet suitable for their garments and for storing personal effects. Each patient storage shall provide a minimum net depth of two feet, a minimum net width of 30 inches, and a minimum volume of 25 cubic feet. A shelf shall be provided in each wardrobe, locker, or closet; however, omission of the shelf shall be permitted where at least two drawers or other storage compartments are provided.

(c) A patient bathroom shall be directly accessible to a patient bedroom without having to enter a corridor and shall serve only one patient bedroom. Room shall be equipped with a toilet, a hand-washing station in accordance with §520.67 of this chapter, a bedpan-rinsing device in accordance with §520.184(j)(9) of this subchapter (relating to Plumbing Systems), and a shower or tub in accordance with §520.184(j)(10) of this subchapter. Storage for soap and towels shall be provided. Space for drying and dressing shall be provided. Robe hook, shelf for clothing, or at least a one foot wide countertop shall be provided to hold clothing while bathing.

(d) A facility’s special patient care rooms shall comply with the following requirements, as applicable.

(1) Where an inpatient who is highly susceptible to infections is present, a protective environment patient bedroom shall be provided in accordance with §520.41 of this chapter and the following requirements.

(A) Protective environment bedroom shall be permitted in individual patient care units or grouped as a separate patient care unit. Where grouped together in a separate unit, it shall be provided in accordance with §520.104 of this division (relating to Oncology Patient Care Unit) and this section.

(B) The number of protective environment bedrooms shall be determined by the governing body that is predicated on an assessment of the specific community and patient populations served by the licensed facility.

(C) Protective environment bedroom shall remain under positive pressure, relative to adjoining rooms. The anteroom shall remain under positive pressure relative to the corridor. The rooms shall be tested for positive pressure daily by medical staff when an immunocompromised patient is present. When a HEPA filter exists within the diffuser of a protective environment bedroom, it shall be replaced based on pressure drop as part of the licensed facility maintenance plan.

(2) Where an inpatient has an airborne infectious disease and requires a protective environment because of a profoundly immunosuppressed system with a prolonged neutropenia (i.e., patients undergoing allogeneic or autologous bone marrow/stem cell transplants), an Airborne Infection Isolation/Protective Environment (AII/PE) patient bedroom shall be provided in accordance with paragraph (1) of this subsection and the following requirements.

(A) The number of AII/PE rooms shall be determined by the governing body, unless required in other sections of this chapter.

(B) The anteroom shall be provided in accordance with §520.41(f) of this chapter.

(3) Where a medical psychiatric bedroom is provided for an inpatient who has a mental health condition and requires medical/surgical services, the bedroom shall meet the requirements in §520.114 of this division (relating to Psychiatric (Mental Health/Behavioral Health) Patient Care Unit) and the following requirements.

(A) A bedroom shall be permitted in psychiatric patient care unit or in a medical/surgical patient care unit and meet the applicable requirements of this paragraph and the following facility-specific subchapters:

(i) Subchapter C, Specific Requirements for General and Special Hospitals;

(ii) Subchapter D, Specific Requirements for Private Psychiatric Hospitals;

(iii) Subchapter E, Specific Requirements for Crisis Stabilization Units;

(iv) Subchapter F, Specific Requirements for Ambulatory Surgical Centers;

(v) Subchapter G, Specific Requirements for Freestanding Emergency Medical Care Facilities;

(vi) Subchapter I, Specific Requirements for End Stage Renal Disease Facilities;

(vii) Subchapter J, Specific Requirements for Home Training Only End Stage Renal Disease Facilities; and

(viii) Subchapter L, Specific Requirements for Mobile/Transportable Units.

(B) Each medical psychiatric bedroom shall be located to allow staff observation of its entrance from a constantly attended nurse station.

(C) The maximum capacity of a medical psychiatric patient bedroom shall be one bed.

(D) A patient bathroom shall be directly accessible to a patient bedroom without having to enter a corridor and shall serve only one patient bedroom.

(E) A patient bedroom and its patient bathroom shall be safe and secure from injury or suicide and minimize the potential for escape or concealment and shall be in accordance with §520.178 of this subchapter (relating to Psychiatric Finishes and Furnishings).

(e) Support areas for medical care and surgical care unit patients shall comply with the following requirements.

(1) Where an assisted bathing room is provided to accommodate patients on gurneys, carts, and wheelchairs, it shall meet the requirements of this section. This bathing room shall be permitted to serve multiple-patient care units located on other patient care unit floors where the patient’s dignity is preserved. This room is in addition to and separate from the patient bathroom described in subsection (c) of this section. The assisted bathing room shall be equipped with or accommodate the following features:

(A) toilet;

(B) hand-washing station shall be provided in accordance with §520.67 of this chapter;

(C) bathtub or shower shall be provided in accordance with §520.184(j)(10) of this subchapter;

(D) storage for soap and towels;

(E) space for drying and dressing;

(F) space for a nurse;

(G) space for the equipment, such as mobile lifts, shower gurney devices, wheelchairs, and other portable wheeled equipment;

(H) a door shall provide a clear minimum opening of 41.5-inch to allow entry of portable/mobile mechanical lifts and shower gurney devices. Omission of §520.172(c)(4) of this subchapter shall be permitted;

(I) thresholds to facilitate use and prevent tipping of wheelchairs and other portable wheeled equipment; and

(J) floor drain grates to facilitate use of shower and prevent tipping of wheelchairs and other portable wheeled equipment.

(2) Where patient or family-centered care services are offered in a patient bedroom or patient bedroom suite, a patient or family-centered care area shall be provided in accordance with subsection (b) of this section and the following requirements.

(A) Patient or family-centered care shall be in a single-occupant patient bedroom and shall be prohibited in an AII room and where provided, AII anteroom.

(B) Space shall be provided in the patient bedroom to support visitation by family members and visitors. A minimum 30 square feet clear floor area per family member or visitor shall be provided, unless allowed in the facility-specific subchapters of this chapter. A facility's functional program shall indicate the maximum family members allowed in the room by the facility's governing body. This sitting space shall not limit or encroach in the minimum clear dimension or clear floor area.

(C) The patient bedroom or bedroom suite shall be equipped with or accommodate the following features.

(i) Space for movable seating with at least one chair for a family member or visitor and one chair for the patient.

(ii) Space for at least one chair for long-term sitting for the patient.

(iii) Where family or visitors are permitted to sleep in the patient bedroom overnight, space shall be provided for sleeping accommodation. When sleeping accommodations are deployed, any furnishing that offers a substantially horizontal, impervious sleep surface shall not intrude into the required minimum clearances around the patient bed and shall be in addition to the minimum clear floor area.

(iv) Public communication services, including internet connection, shall be provided in the family zone support area.

(v) Where a microwave is provided in the family zone support area, it shall be suitable for persons with pacemakers.

(f) Support areas for a medical/surgical patient care unit shall comply with the following requirements.

(1) Nurse station shall be provided in accordance with §520.62 of this chapter (relating to Nurse Station). Nurse station shall be in the patient care unit or shall be permitted to be shared with other patient care units or other patient treatment areas where the nurse station is immediately accessible.

(2) Documentation area shall be provided in accordance with §520.63 of this chapter (relating to Documentation Area). Documentation area shall be permitted to be shared with other patient care units where it is on the same floor as the patient care unit it serves and within 75 feet travel distance from the farthest patient care unit.

(3) Nurse office shall be provided in accordance with §520.64 of this chapter (relating to Nurse Office). Nurse office shall be in the patient care unit or shall be permitted to be shared with other patient care units or other patient treatment areas where the nurse office is on the same floor as the patient care unit it serves and within 150 feet travel distance from the farthest patient care unit.

(4) Multipurpose room shall be provided in accordance with §520.65 of this chapter (relating to Multipurpose Room).

(5) Hand-washing station shall be provided in accordance with §520.67 of this chapter.

(6) Medication safety zone shall be provided in accordance with §520.68 of this chapter (relating to Medication Safety Zone). Where a licensed facility has fewer than 17 licensed beds, the medication safety zone shall be permitted to be combined with the pharmacy in §520.142 of this subchapter (relating to Pharmacy Unit) where it is provided in accordance with §520.68 of this chapter and is in the patient care unit it serves.

(7) Nourishment area or room shall be provided in accordance with §520.69 of this chapter (relating to Nourishment Area or Room). Nourishment area or room shall be permitted to be shared with other patient care units or other patient treatment areas where it is on the same floor as the patient care unit it serves and within 150 feet travel distance from the farthest patient care bedroom and patient treatment station.

(8) Ice-making equipment shall be provided in accordance with §520.70 of this chapter (relating to Ice-Making Equipment).

(A) Ice-making equipment shall be permitted to be shared with other patient care units or other patient treatment areas where it is on the same floor as the patient care unit it serves and within 150 feet travel distance from the farthest patient care bedroom or patient treatment station.

(B) Where a licensed facility has fewer than 17 licensed beds, the ice-making equipment shall be permitted to be combined with the food service unit’s ice-making equipment in accordance with §520.143 of this chapter (relating to Dietary Unit).

(9) Clean workroom or clean supply room shall be provided in accordance with §520.71 of this chapter (relating to Clean Workroom or Clean Supply Room).

(A) Where a licensed facility has fewer than 17 licensed beds, the clean work room may be combined with the laundry unit in accordance with §520.145 of this subchapter (relating to Laundry Unit).

(B) Clean workroom or clean supply room shall be permitted to be shared with other patient care units or other patient treatment areas where it is on the same floor as the patient care unit it serves and within 75 feet travel distance from the farthest patient care bedroom or patient treatment station.

(10) Soiled workroom or soiled holding room shall be provided in accordance with §520.72 of this chapter (relating to Soiled Workroom or Soiled Holding Room).

(A) Where a licensed facility has fewer than 17 licensed beds, the soiled workroom may be combined with the laundry unit in accordance with §520.145 of this subchapter.

(B) Soiled workroom or soiled holding room shall be permitted to be shared with other patient care units or patient treatment units where it is on the same floor as the patient care unit it serves and within 75 feet travel distance from the farthest patient care bedroom or patient treatment station, unless required in other sections of this chapter.

(11) Equipment storage shall be provided in accordance with §520.73 of this chapter (relating to Equipment Storage). Equipment and supply storage shall be permitted to be shared with other medical/surgical patient care units where it is on the same floor as the patient care unit it serves and within 75 feet travel distance from the farthest patient care bedroom, unless required in other sections of this chapter.

(12) Environmental service room in accordance with §520.74 of this chapter (relating to Environmental Services Room) shall be provided.

(13) A facility shall provide a single-occupant examination room in accordance with §520.45 of this chapter (relating to Examination Room or Emergency Unit Treatment Room). A single-occupant examination room may be shared with other patient care units where it is on the same floor as the patient care unit it serves and within 75 feet travel distance from the farthest patient care bedroom. Omission of this requirement shall be permitted where all single-occupant bedrooms are provided in that patient care unit.

(14) Support areas for staff shall comply with the following requirements.

(A) Staff lounge in accordance with §520.81 of this chapter (relating to Staff Lounge) shall be provided.

(B) Staff toilet room in accordance with §520.82 of this chapter (relating to Staff Toilet Room) shall be provided.

(C) Staff storage in accordance with §520.83 of this chapter (relating to Staff Storage) shall be provided.

(15) A facility shall provide the following public areas for its patient care units.

(A) A waiting area in accordance with 520.91 of this chapter (relating to Public Waiting Areas)

(B) A reception area in accordance with §520.75(c) (relating to Outpatient Waiting Area) of this chapter.

(C) A public toilet room in accordance with §520.92(c) of this chapter (relating to Public Toilet Room). Public toilet rooms shall be within 150 feet travel distance and on the same floor as the patient care unit.

§520.103. Pediatric and Adolescent Patient Care Unit.

(a) Where pediatric patient care services are offered to inpatients and the licensed facility provides 15 or more licensed pediatric beds, a pediatric and adolescent patient care unit shall be provided in accordance with §520.102 of this division (relating to Medical/Surgical Patient Care Unit) and this section. For pediatric patient intermediate and critical care services, these patient beds shall be licensed as intermediate and critical care beds and shall be provided in accordance with §520.105 of this division (relating to Intermediate Care Unit) or §520.106 of this division (relating to Critical Care Unit), whichever is applicable.

(b) Pediatric and adolescent patient care units shall be grouped together in distinct units or distinct areas of general units that are physically separated from adult medical/surgical patient care units.

(c) The space requirements for pediatric patient beds shall be the same as for adult beds due to the size variation and the need to change from cribs to beds and vice-versa. Where a parent sleeping room is provided, it may be separate from the pediatric and adolescent patient care unit and shall have direct communication to that patient unit's nurse station.

(d) A public waiting area shall be provided in accordance with 520.91 of this chapter (relating to Public Waiting Area). A waiting area shall be provided in or adjacent to the pediatric unit.

(e) A public toilet room shall be provided in accordance with §520.92 of this chapter (relating to Public Waiting Area). A public toilet room shall be provided in or adjacent to the pediatric unit. At least one public toilet room serving the waiting area shall provide a built-in diaper-changing station that can function without obstructing use of the toilet, the sink, the door, or other fixtures.

(f) A multipurpose pediatric activity room for dining, education, and developmentally appropriate play and recreation shall be provided in or adjacent to areas serving pediatric and adolescent patients.

(1) This room shall provide access to and accommodate equipment for patients with physical restrictions.

(2) Insulation, isolation, and structural provisions shall be incorporated to minimize the transmission of impact noise through the floor, walls, or ceiling of the multipurpose rooms. Contract construction drawings shall provide installation details.

(3) The multipurpose pediatric activity room shall provide at least 35 square feet per licensed bed or 150 square feet, whichever is greater. The minimum clear dimension of the room shall be 12 feet.

(4) The multipurpose pediatric activity room shall be void of sharp edges and constructed of surfaces and materials that are cleanable, able to withstand the cleaning solutions used, and durable.

(5) The multipurpose pediatric activity room shall be prohibited from being combined with the dietary unit’s dining area.

(6) A patient toilet room in accordance with §520.76 of this chapter (relating to Patient Toilet Room) shall be provided adjacent to the multipurpose pediatric activity room. Where multiple multipurpose pediatric activity rooms are provided, the patient toilet room may be shared between the pediatric activity rooms where the rooms are on the same floor and within 50 feet travel distance.

(g) The pediatric and adolescent patient care unit shall provide storage for human milk and formula to accommodate for infant feedings. This area shall include a refrigerator, hand-washing station, and counter space.

(h) Storage closets or cabinets shall be provided for toys and educational and recreational equipment and may be located in the multipurpose pediatric activity room.

(i) Laundry room shall be provided to accommodate a washing machine and dryer for laundering plush toys. A dishwasher shall be provided to accommodate washing of hard plastic toys. Laundry room shall be provided in accordance with §520.145(i) of this subchapter (relating to Laundry Unit).

§520.104. Oncology Patient Care Unit.

(a) Where oncology services are offered to inpatients, a protective environment patient care bedroom or a bone marrow/stem cell transplant unit (BMU) shall meet §520.102 of this division (relating to Medical/Surgical Patient Care Unit).

(b) The following shall apply to all types of oncology units, unless required in other sections of this chapter.

(1) Oncology services shall be permitted in an individual protective environment patient care bedroom or a group of protective environment patient care bedrooms; however, pediatric patient rooms shall be separated from adult patient rooms.

(2) The following services from patient care units and clinical care units shall be provided in the licensed facility:

(A) imaging unit in accordance with §520.129 of this subchapter (relating to Imaging Unit);

(B) radiation therapy equipment; and

(C) infusion treatment in accordance with §520.134 of this subchapter (relating to Cancer Treatment/Infusion Therapy Unit).

(3) The unit shall be located so that medical emergency resuscitation teams can respond promptly to emergency calls with minimum travel time.

(4) An oncology patient care unit shall provide at least one Airborne Infection Isolation/Protective Environment (AII/PE) room that meets the requirements of §520.102(d)(2) of this division. Where pediatric patient bedrooms are provided, at least one adult AII/PE room and one pediatric AII/PE room.

(c) The oncology patient care bedroom unit shall comply with the following patient bedroom requirements.

(1) Patient rooms in an oncology unit shall comply with the requirements of §520.102 of this division.

(2) View panels shall be provided in doors or walls in accordance with §520.172(c) of this subchapter (relating to Architectural Details) to allow observation by nursing staff.

(d) Where bone marrow or stem cell transplant services are offered to allograft transplant patients and bone marrow or stem cell transplant patients who do not require allogeneic transplants, a facility shall provide a special oncology patient care unit, the BMU. A BMU bedroom shall comply with the requirements under subsection (c) of this section and §520.102(d)(1) of this division.

(e) Support Areas for the BMU shall contain the following.

(1) A nurse station dedicated to and located in the BMU that is also in accordance with §520.62 of this chapter (relating to Nurse Station).

(2) A consultation room dedicated to and located in the BMU for the exclusive use of family and support services provided in accordance with §520.43 of this chapter (relating to Consultation Room).

(3) A multipurpose room dedicated to and located in the BMU provided in accordance with §520.65 of this chapter (relating to Multipurpose Room).

(4) A waiting room dedicated to and located in the BMU shall be provided.

(5) A public toilet room shall be provided in accordance with §520.162(e) of this subchapter (relating to Public Areas).

(6) Hand-washing stations shall be provided in accordance with §520.67 of this chapter (relating to Hand-Washing Station).

(7) A medication safety zone dedicated to and located in the BMU provided in accordance with §520.68 of this chapter (relating to Medication Safety Zone).

(8) A nourishment area or room in accordance with §520.69 of this chapter (relating to Nourishment Area or Room) shall be provided. The area or room shall be permitted to be shared with other oncology patient care units where access to the nourishment room or alcove is available from each oncology patient care unit without travel through a public corridor.

(9) Ice-making equipment shall be provided in accordance with §520.70 of this chapter (relating to Ice-making Equipment). Ice-making equipment shall be permitted to be shared with other adjacent patient care units.

(10) A clean workroom or clean supply room shall be provided in accordance with §520.71 of this chapter (relating to Clean Workroom or Clean Supply Room). The room shall be permitted to be shared with other oncology patient care units where access to the clean workroom or clean supply room is available from each oncology patient care unit without travel through a public corridor.

(11) A soiled workroom or soiled holding room shall be provided in accordance with §520.72 of this chapter (relating to Soiled Workroom or Soiled Holding Room). The room shall be permitted to be shared with other oncology patient care units where access to the soiled workroom or soiled holding room is available from each oncology patient care unit without travel through a public corridor.

(12) An equipment and supply storage room or alcove shall be provided in accordance with §520.73 of this chapter (relating to Equipment Storage).

(A) The room shall be permitted to be shared with other oncology patient care units where access to the equipment and supply storage rooms or alcoves is available from each oncology patient care unit without travel through a public corridor.

(B) Emergency equipment storage dedicated to and located in the BMU provided in accordance with §520.73(c)(6) of this chapter.

(13) An environmental services room shall be provided in accordance with §520.74 of this chapter (relating to Environmental Services Room). The room shall be permitted to be shared with other oncology patient care units where access to the environmental services room is available from each oncology patient care unit without travel through a public corridor.

(14) Where provided, examination rooms shall be single-occupant and meet the requirements in §520.45 of this chapter (relating to Examination Room or Emergency Unit Treatment Room).

(f) Support areas in accordance with Subchapter B, Division 4 of this chapter (relating to Support Areas for Staff) shall be provided and comply with the following requirements.

(1) A staff lounge located in the oncology patient care unit shall be provided in accordance with §520.81 of this chapter (relating to Staff Lounge). The staff lounge may be shared with other oncology patient care units or the BMU.

(2) A staff toilet room located in the oncology patient care unit or BMU shall be provided in accordance with §520.82 of this chapter (relating to Staff Toilet Room). Where eight or fewer bedrooms are in the oncology patient care unit, the staff toilet room may be shared with other patient care units where the travel distance does not exceed 50 feet from the unit and it is on the same floor.

(3) Staff storage shall be provided in accordance with §520.83 of this chapter (relating to Staff Storage). Staff storage shall be located in or readily accessible to the oncology patient care unit and BMU.

(g) The oncology patient care unit shall provide support areas for the public and comply with the following requirements.

(1) The facility shall provide a waiting area dedicated to and located in the oncology patient care unit that is in accordance with §520.162 of this subchapter. The waiting area may be combined with the BMU, where provided.

(2) The public toilet room shall be dedicated to and located in the oncology patient care unit that is in accordance with §520.162(e) of this subchapter. The public toilet room may be combined with the BMU, where provided.

§520.105. Intermediate Care Unit.

(a) Where intermediate care services are offered to inpatients who require more medical assistance than medical/surgical services, an intermediate patient care unit shall be provided in accordance with §520.102 of this division (relating to Medical/Surgical Patient Care Unit).

(b) The intermediate care unit shall comply with the following area and minimum clearance requirements.

(1) A single-occupant bedroom shall provide a minimum 150 square feet clear floor area with a minimum 12 foot headwall length.

(2) A double-occupant bedroom shall provide a minimum 120 square feet clear floor area per bed with a minimum 10 foot headwall length per bed. Refer to definitions for “clearance,” “clear dimension,” and “clear floor area” provided in §520.2 of this chapter (relating to Definitions).

(3) The following minimum clearances shall be provided.

(A) A single-occupant bedroom shall provide a minimum clearance of four foot on the transfer side, four foot on the non-transfer side, and four foot at the foot of the bed.

(B) A double-occupant bedroom shall provide a minimum clearance of four foot between the side of a patient bed and adjacent walls/partitions, and four foot between the side of an adjacent patient bed. Where beds face each other, a minimum corridor clearance of six foot shall be provided from the foot of a bed or other fixed object to allow a clear unobstructed passage for beds, equipment, wheelchairs, staff, patients, and visitors. Patient privacy shall be provided in accordance with §520.101(e) of this division (relating to General). View panels shall be provided in doors and or walls in accordance with §520.172(c) of this subchapter (relating to Architectural Details) to allow observation by nursing staff.

(c) An intermediate patient care unit shall provide patient support areas that comply with the following requirements.

(1) The intermediate patient care unit shall provide a nurse station in accordance with §520.62 of this chapter (relating to Nurse Station). Direct visual observation between a nurse station or sub-nurse station and each patient bed in the unit shall be provided. Such observation shall provide a view of the patient’s upper body while the patient is lying in bed. Video cameras shall not substitute for direct visual observation but may be used as additional safety precautions.

(2) Each patient care unit shall provide a documentation area in accordance with §520.63 of this chapter (relating to Documentation Area). Documentation area shall be permitted to be shared with other patient care units where it is on the same floor as the patient care unit it serves and within 75 feet travel distance from the farthest patient care unit.

(3) Each patient care unit shall provide a nurse office in accordance with §520.64 of this chapter (relating to Nurse Office). Nurse office shall be permitted to be shared with other patient care units where it is within 75 feet travel distance from the farthest patient care unit.

(4) Multipurpose room shall be provided in accordance with §520.65 of this chapter (relating to Multipurpose Room).

(5) Hand-washing stations shall be provided in accordance with §520.67 of this chapter (relating to Hand-Washing Station).

(6) Medication safety zone shall be provided in accordance with §520.68 of this chapter (relating to Medication Safety Zone). Where a licensed facility has fewer than 17 licensed beds, the patient care unit’s medication safety zone may be combined with the pharmacy unit in accordance with §520.142 of this subchapter (relating to Pharmacy Unit) and shall be on the same floor and within 75 foot travel distance.

(7) Nourishment area or room shall be provided in accordance with §520.69 of this chapter (relating to Nourishment Area or Room). Nourishment area or room may be shared with other patient care units where it is on the same floor and within 150 feet travel distance from the farthest patient care bedroom.

(8) Ice-making equipment shall be provided in accordance with §520.70 of this chapter (relating to Ice-Making Equipment). Ice-making equipment may be shared with other patient care units where it is on the same floor and within 150 feet travel distance from the farthest patient care bedroom.

(9) Clean workroom or clean supply room shall be provided in accordance with §520.71 of this chapter (relating to Clean Workroom or Clean Supply Room).

(A) Where a licensed facility has fewer than 17 licensed beds, the clean workroom or clean supply room may be combined with the laundry unit in accordance with §520.145 of this subchapter (relating to Laundry Unit) and shall be on the same floor and within 75 feet travel distance.

(B) Clean workroom or clean supply room shall be permitted to be shared with other patient care units or patient treatment units where it is on the same floor as the patient care unit it serves and within 150 feet travel distance from the farthest patient care unit or patient treatment unit.

(10) Soiled workroom or soiled holding room shall be provided in accordance with §520.72 of this chapter (relating to Soiled Workroom or Soiled Holding Room). Where a licensed facility has fewer than 17 licensed beds the soiled workroom or soiled holding room may be combined with the laundry unit in accordance with §520.145 of this subchapter and shall be on the same floor and within 75 feet travel distance.

(11) Equipment storage in accordance with §520.73 of this chapter (relating to Equipment Storage) shall be provided. Equipment and supply storage shall be dedicated to and located in the intermediate patient care unit.

(12) An environmental services room in accordance with §520.74 of this chapter (relating to Environmental Services Room) shall be provided.

(13) A single-occupant examination room in accordance with §520.45 of this chapter (relating to Examination Room or Emergency Unit Treatment Room) shall be provided.

(d) An immediate care unit shall provide support areas for staff and comply with the following requirements.

(1) A staff lounge shall be provided in accordance with §520.81 of this chapter (relating to Staff Lounge). Lounge shall be in or readily accessible to the intermediate patient care unit and shall be permitted to be shared with other patient care units, unless required in other sections of this chapter.

(2) A staff toilet shall be provided in accordance with §520.82 of this chapter (relating to Staff Toilet Room) and shall be in or readily accessible to the intermediate patient care unit.

(3) A staff storage shall be provided in accordance with §520.83 of this chapter (relating to Staff Storage). Staff storage shall be in or readily accessible to the intermediate patient care unit.

(e) An immediate care unit shall provide public support areas and comply with the following requirements.

(1) A public waiting area shall be provided in accordance with 520.91 of this chapter (relating to Public Waiting Area).

(2) A public toilet room shall be provided in accordance with §520.92 of this chapter (relating to Public Toilet Room).

§520.106. Critical Care Unit.

(a) Where critical care services are offered to inpatients who require more medical assistance than intermediate care services, a critical care patient care unit shall be provided in accordance with §520.102 of this division (relating to Medical/Surgical Patient Care Unit). This includes cardiac critical care patients (CCCU). Requirements on pediatric critical care units for pediatric and adolescent critical care patients are provided in §520.107 of this division (relating to Pediatric Critical Care Unit). Requirements on neonatal intensive care units for neonatal intensive care patients are provided in §520.108 of this division (relating to Neonatal Intensive Care Unit).

(b) The critical care unit shall comply with the following general requirements.

(1) The following services from patient care units and clinical care units shall be provided in the licensed facility:

(A) imaging unit in accordance with §520.129 of this subchapter (relating to Imaging Unit);

(B) respiratory therapy unit in accordance with §520.133 of this subchapter (relating to Respiratory Therapy Unit);

(C) laboratory unit in accordance with §520.141 of this subchapter (relating to Laboratory Unit); and

(D) pharmacy unit in accordance with §520.142 of this subchapter (relating to Pharmacy Unit).

(2) The unit shall be located so that medical emergency resuscitation teams can respond promptly to emergency calls with minimum travel time.

(c) The critical care unit shall comply with the following bedroom requirements.

(1) The maximum capacity of a patient bedroom shall be one bed for new construction and major renovation projects, including additions. The single-occupant bedroom shall provide a minimum 200 square feet clear floor area with a minimum 13 foot headwall length, and a minimum clearance of five foot on the transfer side, four foot on the non-transfer side, and five foot at the foot of the bed, and one foot clearance from the head of the bed to the wall shall be provided. Refer to definitions for “clearance,” “clear dimension,” and “clear floor area” provided in §520.2 of this chapter (relating to Definitions).

(2) Windows shall be provided in accordance with §520.172(d) of this subchapter (relating to Architectural Details). Where minor renovation work is undertaken in a multi-occupant room, only one intervening patient care station shall be between any patient bed and the windows. Distance from the patient bed to an exterior window shall not exceed 50 feet.

(3) Patient privacy shall be provided in accordance with §520.101(e) of this division and comply with the following requirements.

(A) View panels shall be provided in doors or walls in accordance with §520.172(c) of this subchapter to allow observation by nursing staff.

(B) Where minor renovation work is undertaken in a multi-occupant room, each patient care station shall provide provisions for visual privacy.

(4) Hand-washing station shall be provided in accordance with §520.102(b)(5) of this division. Where minor renovation work is undertaken in a multi-occupant room, at least one hand-washing station shall be provided for every four cubicles.

(d) The critical care unit shall contain a human waste disposal room and comply with the following requirements.

(1) Patient bedroom shall be directly accessible to a human waste disposal room. A patient toilet room in accordance with §520.76(e) of this chapter (relating to Patient Toilet Room), or a bathroom in accordance with §520.102(c) of this division shall be permitted as a substitution. Where patient bedrooms share the same human waste disposal room, the human waste disposal room shall be directly accessible to both bedrooms. Where universal services occur in a critical care patient bedroom, a bathroom shall be provided.

(2) A human waste disposal room shall be equipped with a clinical sink, a bedpan-rinsing device in accordance with §520.184(j)(9) of this subchapter (relating to Plumbing Systems) and either a hand sanitizer or hand-washing station in accordance with §520.67 of this chapter (relating to Hand-Washing Station).

(3) Where minor renovation work is undertaken, or a critical care licensed bed designation is changed to another type of critical care licensed bed designation and where no wall movement occurs in the bedrooms, omission of the human waste disposal room shall be permitted. For example, where a pediatric intensive care unit (PICU) bedroom changes to a neonatal intensive care unit (NICU) bedroom.

(e) The critical care unit shall provide support areas that comply with the following requirements.

(1) The critical care unit shall provide a nurse station in accordance with §520.62 of this chapter (relating to Nurse Station). Direct visual observation between a nurse station or sub-nurse station and each patient bed in the unit shall be provided. Such observation shall provide a view of the patient’s upper body while the patient is lying in bed. Video cameras shall not substitute for direct visual observation but may be used as additional safety precautions.

(2) A documentation area located in the critical care unit and in accordance with §520.63 of this chapter (relating to Documentation Area) shall be provided.

(3) A nurse office shall be provided in accordance with §520.64 of this chapter (relating to Nurse Office). The nurse office shall be located in or immediately accessible to the critical care unit. Where the nurse office is located immediately accessible to the critical care unit, the office shall be linked with the unit by telephone or an intercommunications system.

(4) A multipurpose room shall be provided in accordance with §520.65 of this chapter (relating to Multipurpose Room).

(5) Hand-washing stations shall be provided in accordance with §520.67 of this chapter.

(6) A medication safety zone shall be provided in accordance with §520.68 of this chapter (relating to Medication Safety Zone) and dedicated to the unit.

(7) A nourishment area or room shall be provided in accordance with §520.69 of this chapter (relating to Nourishment Area or Room). Nourishment area or room may be shared with other nursing units where it is on the same floor and within 50 feet travel distance from the farthest critical care patient bedroom.

(8) Ice-making equipment shall be provided in accordance with §520.70 of this chapter (relating to Ice-Making Equipment). Ice-making equipment may be shared with other adjacent patient care units where it is on the same floor and within 75 feet travel distance from the farthest critical care patient bedroom.

(9) A clean workroom or clean supply room shall be provided in accordance with §520.71 of this chapter (relating to Clean Workroom or Clean Supply Room). The room may be shared with other critical care patient care units where it is on the same floor and within 50 feet travel distance from the farthest critical care patient bedroom.

(10) A soiled workroom or soiled holding room shall be provided in accordance with §520.72 of this chapter (relating to Soiled Workroom or Soiled Holding Room); and the room may be shared with other critical care patient care units where the soiled workroom or soiled holding room is on the same floor and within 50 feet travel distance from the farthest critical care patient bedroom.

(11) An equipment and supply storage room or alcove shall be provided in accordance with §520.73 of this chapter (relating to Equipment Storage). The room may be shared with other critical care patient care units where it is on the same floor and within 50 feet travel distance from the farthest critical care patient bedroom.

(A) Space to store gurneys and wheelchairs shall be provided in the unit and shall not encroach the corridor width.

(B) Emergency equipment storage shall be provided in accordance with §520.73(c)(6) of this chapter.

(12) An environmental services room shall be provided in accordance with §520.74 of this chapter (relating to Environmental Services Room). The room shall be permitted to be shared with other critical care patient care units on that same floor, and where access to the environmental services room is available from each critical care patient care unit without travel through a public corridor.

(13) Where provided, examination rooms shall be single-occupant and meet the requirements in §520.45(d) and (e) of this chapter (relating to Examination Room or Emergency Unit Treatment Room).

(14) Each critical care unit shall be equipped with equipment for physiological monitoring, with visual displays for each patient at the bedside and at the nurse station or centralized monitoring area. Monitors shall allow easy viewing and access without interfering with access to the patient.

(15) The unit shall provide image-viewing capability, which shall be permitted to serve more than one critical care unit.

(f) The critical care unit shall provide support areas for staff that comply with the following requirements.

(1) A staff lounge located in the critical care patient care unit shall be provided in accordance with §520.81 of this chapter (relating to Staff Lounge). Other critical care patient care units may share this staff lounge.

(2) A staff toilet room located in the critical care patient care unit shall be provided in accordance with §520.82 of this chapter (relating to Staff Toilet Room). Where eight critical care patient beds or fewer are in a critical care patient unit, the staff toilet may be shared with other adjacent patient care units on the same floor and where the travel distance does not exceed 75 feet from the farthest unit critical care patient bedroom and on the same floor.

(3) Staff storage shall be provided in accordance with §520.83 of this chapter (relating to Staff Storage). Staff storage shall be in or readily accessible to critical care patient care unit.

(4) In a general hospital, an on-call room shall be provided and comply with the following requirements. This on-call room shall accommodate staff on 24-hour, on-call work schedules. In a special hospital, an on-call room is not required, but where provided an on-call room shall meet the requirements in this paragraph.

(A) On-call room shall be permitted to be located at any location in the licensed facility.

(B) On-call room shall be equipped with a bed, a chair, and individually secured storage for personal items.

(C) A communication system shall be provided in the room with a direct link to nurse station and patient care unit.

(D) Public communication services including internet connection.

(E) Staff toilet room shall be immediately accessible to the on-call room. Omission of this requirement shall be permitted where the on-call room is on the same floor and within 50 feet travel distance from the staff changing unit in accordance with §520.84 of this chapter (relating to Staff Changing Unit).

(g) The critical care unit shall provide public support areas and comply with the following requirements.

(1) Provide a visitor waiting area in accordance with §520.91 of this chapter (relating to Public Waiting Area).

(2) Provide a public toilet room in accordance with §520.92 of this chapter (relating to Public Toilet Room).

§520.107. Pediatric Critical Care Unit.

(a) Where pediatric and adolescent critical care services are offered to inpatients who require more medical assistance than intermediate care services, a pediatric critical care patient unit (PCCU) shall be provided in accordance with §520.106 of this division (relating to Critical Care Unit) and this section.

(b) All entries to the unit shall be secured with controlled access.

(c) Space shall be provided for family member or visitor in accordance with §520.102(e)(2)(C) of this division (relating to Medical/Surgical Patient Care Unit).

(d) A consultation room shall be located in the PCCU for the exclusive use of family and support services and provided in accordance with §520.43 of this chapter (relating to Consultation Room).

(e) The PCCU shall provide a refrigerator, a hand-washing station, and counterspace shall be provided for formula and human milk storage.

§520.108. Neonatal Intensive Care Unit.

(a) Where neonatal intensive care services are offered to inpatients who require more medical assistance than continuing care nursery services, a neonatal intensive care unit (NICU) shall be provided in accordance with §520.106 of this division (relating to Critical Care Unit) and this section.

(b) The NICU shall comply with the following requirements.

(1) Continuing care infant stations may be combined with the NICU, however, the continuing care infant station shall meet the spatial requirements and building system requirements, such as electrical, medical gas, nurse call, and ventilation. A continuing care infant area shall be a separate and defined area in the NICU where the two licensed bed types are in the same room.

(2) All entries to the NICU shall be secured with controlled access by door locking or by direct or indirect visual observation to protect the physical security of infants, and to minimize the risk of infant abduction.

(3) A NICU workroom shall be provided in accordance with §520.112(d)(2) of this division (relating to Newborn Nursery Unit).

(4) The family entrance and reception area shall be clearly identified. The reception area shall allow for visual observation and contact with all traffic entering the unit.

(5) The following services from patient care units and clinical care units shall be provided in the licensed facility:

(A) imaging unit in accordance with §520.129 of this subchapter (relating to Imaging Unit);

(B) respiratory therapy unit in accordance with §520.133 of this subchapter (relating to Respiratory Therapy Unit);

(C) laboratory unit in accordance with §520.141 of this subchapter (relating to Laboratory Unit).

(D) pharmacy unit in accordance with §520.142 of this subchapter (relating to Pharmacy Unit);

(E) blood gas lab; and

(F) social work.

(6) The unit shall be located so that medical emergency resuscitation teams can respond promptly to emergency calls with minimum travel time.

(7) The insulating glass specifications shall be provided as a required document during a final architectural inspection.

(c) The maximum capacity of a multiple-occupant NICU shall be 24 infant care stations (bassinets). A single-occupant NICU bedroom is permitted. Where minor renovation work is undertaken, the Texas Health and Human Services Commission (HHSC) may permit the built environment to meet the chapter requirements that were in effect at the time of the initial construction, addition, or renovation was built in accordance with §520.14(c) of this chapter (relating to Exceptions).

(1) The NICU shall provide at least one (airborne infection isolation) AII patient care bedroom in accordance with §520.41 of this chapter (relating to Airborne Infection Isolation Room). Omission of the bathroom/toilet room shall be permitted.

(2) A single-occupant bedroom shall provide a minimum 165 square feet clear floor area with a minimum 12 foot headwall length. A multiple-occupant bedroom, including ones with bays, cubicles, or movable cubicle partitions, shall provide a minimum 120 square feet clear floor area of per infant care station or bassinet with a minimum 10 foot headwall length per infant care station or bassinet. Refer to definitions for “clearance,” “clear dimension,” and “clear floor area” in §520.2 of this chapter (relating to Definitions).

(3) A single-occupant bedroom shall provide a minimum clearance of four foot on the transfer side, four foot on the non-transfer side, and one foot at the head of the bassinet. A multiple-occupant bedroom shall provide a minimum clearance of eight foot between the side of a patient bed and adjacent walls/partitions, and eight foot between the side of an adjacent bassinet. Where bassinets face each other, a minimum corridor clearance of eight foot shall be provided from the foot of a bassinet or other fixed object to allow a clear unobstructed passage for beds, equipment, wheelchairs, staff, patients, and visitors.

(4) At least one source of daylight, such as transparent windows, clerestory windows, or skylights, shall be visible from the infant care station itself or from an adjacent area. Distance from an infant care station to an exterior window shall not exceed 50 feet. The following requirements shall apply where a window is provided.

(A) Exterior windows in infant care areas shall be glazed with insulating glass to minimize heat gain or loss. They shall be at least two feet from an infant bassinet or infant care station.

(B) All daylight sources, except for skylights, shall be equipped with shading devices.

(5) Patient privacy shall be provided in accordance with §520.101(e) of this division (relating to General) at each infant care station for the infant and family.

(6) Hand-washing station shall be provided in accordance with §520.67 of this chapter (relating to Hand-Washing Station).

(A) In a multiple-occupant room, each infant care station shall be within 20 feet of a hand-washing station.

(B) Where a critical care bedroom changes designation to a neonatal intensive care bedroom, and where a swivette exists, the swivette shall be removed. A hand-washing station shall be provided in accordance with §520.67 of this chapter.

(7) Infant rooms (including airborne infection isolation rooms), staff work areas, family areas, staff lounge, and sleeping areas and their spaces opening onto them, shall meet the requirements in the table in §520.1203 of this chapter (relating to Maximum Design Criteria for Noise in Interior Spaces Caused by Building Systems).

(d) A lactation room immediately accessible to the NICU for lactation support and consultation shall be provided.

(1) The lactation room shall provide a minimum 80 square feet clear floor area with minimum eight foot clear dimensions.

(2) The medication area or room shall be equipped with or accommodate the following features.

(A) A work counter shall be provided with enough space to perform the required tasks and the counter shall be maintained in an organized manner to support effective use.

(B) A hand-washing station shall be provided in accordance with §520.67 of this chapter. Where lactation devices are cleaned in this space, at least two sinks shall be provided (one for hand-washing and one for cleaning the devices). The facility's functional program shall indicate where lactation devices are cleaned.

(C) A refrigerator used for storage of formula shall be provided and the temperature shall be documented and maintained per product specifications.

(D) Storage for pump and attachments and educational materials.

(E) Door shall provide a minimum clear width of 32 inches.

(e) The NICU shall provide the following infant feeding preparation accommodations.

(1) The infant feeding preparation accommodations shall comply with the following general requirements.

(A) Space for preparation and storage of formula and additives to human milk and formula shall be provided in the unit or other location away from the patient bedside.

(B) Work counter with enough space to perform the required task. Counter shall be maintained to support effective use.

(2) Where infant feedings are prepared in the licensed facility, a feeding preparation room with the following spaces shall be provided:

(A) anteroom or anteroom area;

(B) preparation area;

(C) storage space; and

(D) cleanup area.

(f) The NICU shall provide support areas that comply with the following requirements.

(1) The NICU shall provide a nurse station dedicated to and located in the NICU in accordance with §520.62 of this chapter (relating to Nurse Station) that provides direct visual observation between a nurse station and each infant care station in the unit. Where a sub-charting station is provided in the corridor, it shall be recessed a minimum of 18 inches to prevent chairs or equipment from encroaching in the corridor width. Video cameras shall not substitute for direct visual observation but may be used as additional safety precautions.

(2) The NICU shall provide a dedicated documentation area in accordance with §520.63 of this chapter (relating to Documentation Area).

(3) A nurse office shall be provided in accordance with §520.64 of this chapter (relating to Nurse Office). The nurse office shall be located in or immediately accessible to the NICU. Where the nurse office is located immediately accessible to the NICU, the office shall be linked with the unit by telephone or an intercommunications system.

(4) A multipurpose room shall be provided in accordance with §520.65 of this chapter (relating to Multipurpose Room). The multipurpose room shall be readily accessible to each NICU and may be shared with other adjacent NICUs.

(5) Hand-washing stations shall be provided in accordance with §520.67 of this chapter.

(6) A medication safety zone located in and dedicated to the NICU shall be provided in accordance with §520.68 of this chapter (relating to Medication Safety Zone).

(7) A clean workroom or clean supply room located in and dedicated to the NICU shall be provided in accordance with §520.71 of this chapter (relating to Clean Workroom or Clean Supply Room). The room may be shared with other nursery units where access to the clean workroom or clean supply room is available from each nursery unit without travel through a public corridor.

(8) A soiled workroom or soiled holding room located in and dedicated to the NICU shall be provided in accordance with §520.72 of this chapter (relating to Soiled Workroom or Soiled Holding Room). The room may be shared with other nursery units where access to the soiled workroom or soiled holding room is available from each nursery unit without travel through a public corridor.

(9) At least one equipment and supply storage room or alcove shall be provided in accordance with §520.73 of this chapter (relating to Equipment Storage).

(A) The equipment and supply storage rooms or alcoves may be shared with other nursery units where access to the equipment and supply storage rooms or alcoves are available from each nursery unit without travel through a public corridor.

(B) Emergency equipment storage shall be provided in accordance with §520.73(c)(6) of this chapter.

(10) An environmental services room shall be provided in accordance with §520.74 of this chapter (relating to Environmental Services Room) and shall be directly accessible to the unit and shall not be shared with other patient care units.

(11) Where a NICU examination area/room is provided, it shall meet 520.112(d)(9) and be located in or adjacent to the NICU.

(g) Support areas for staff shall be provided in accordance with Subchapter B, Division 4 of this chapter (relating to Support Areas for Staff) and the following requirements.

(1) Staff lounge shall be provided in accordance with §520.81 of this chapter (relating to Staff Lounge) and shall be in or adjacent to the NICU.

(2) Staff toilet shall be provided in accordance with §520.82 of this chapter (relating to Staff Toilet Room) and shall be in or readily accessible to the NICU.

(3) Staff storage shall be provided in accordance with §520.83 of this chapter (relating to Staff Storage) and shall be in or readily accessible to the NICU.

(4) An on-call room shall be provided in accordance with §520.106(f)(4) of this division and at least one on-call room shall be in or readily accessible to the NICU.

(h) The NICU shall provide support areas for the public that comply with the following requirements.

(1) A waiting area for families and visitors shall be provided in accordance with §520.91 of this chapter (relating to Public Waiting Area) and §520.92 of this chapter (relating to Public Toilet Room) and shall be immediately accessible to the NICU.

(2) At least one room shall be provided that allows parents and infants extended private time together either in the NICU or immediately accessible to the NICU.

(A) A parent and infant room shall be equipped with or accommodate the following features:

(i) direct access to a bathroom equipped with at least a hand-washing station, shower, and toilet;

(ii) communication linkage with the NICU nurse station;

(iii) electrical and medical gas outlets as specified for other NICU beds;

(iv) sleeping accommodations for at least one parent;

(v) sufficient space for the infant’s bed and equipment; and

(vi) hand-washing stations in the room shall comply with §520.67 of this chapter (relating to Hand-Washing Station).

(B) The licensed facility may use the rooms for other non-patient purposes when it is not required for family use.

(C) Where all NICU rooms are single-occupant bedrooms, the facility is not required to provide this room.

§520.109. Obstetrical Unit and Cesarean Delivery Unit.

(a) Where obstetrical services are offered to inpatients, an obstetrical patient care unit shall be provided in accordance with §520.110 of this division (relating to Antepartum), §520.111 of this division (relating to Postpartum), and §520.112 of this division (relating to Newborn Nursery Unit) and shall meet the requirements in this section.

(b) Minimum requirements for obstetrical services in a general hospital shall provide at least labor, delivery, recovery, and postpartum (LDRP) or postpartum rooms, a newborn nursery, and a cesarean delivery unit.

(1) The obstetrical unit shall be located to prohibit nonrelated traffic through the unit that is defined by physical barriers. Access into the obstetrical unit shall be secured with controlled access.

(2) Location of labor, delivery, and recovery (LDR)/LDRP rooms shall be permitted in any of the following spaces:

(A) a separate LDR/LDRP unit;

(B) immediately accessible to a cesarean delivery unit in accordance with subsection (g) of this section; or

(C) a postpartum unit in accordance with §520.111 of this division.

(3) Where a cesarean delivery unit is in the obstetrical patient care unit, access shall be such that neither staff nor patients shall travel through the cesarean delivery unit to access other services. Access to the cesarean delivery unit shall be through a semi-restricted corridor that is defined by physical barriers. Access into the semi-restricted corridor shall be secured with a control/nurse station.

(c) Where LDR or LDRP are part of the obstetrical services, a LDR or LDRP room shall be provided in accordance with §520.102(b) of this division (relating to Medical/Surgical Patient Care Unit).

(1) The maximum patient bedroom capacity shall be one bed. Where major renovation work is undertaken, and the present capacity is more than one bed per room, the major renovation work shall result in a maximum patient bedroom capacity of one bed.

(2) Where provided in the obstetrical unit as determined by the governing body, all airborne infection isolation rooms shall be provided in accordance with §520.41 of this chapter (relating to Airborne Infection Isolation Room) and applicable requirements in §520.202 of this chapter (relating to Patient Care Unit).

(3) Space requirements are provided in applicable requirements in §520.202 of this chapter. Definitions for “clearance,” “clear dimension,” and “clear floor area” are provided in §520.2 of this chapter (relating to Definitions).

(A) Single-occupant LDR or LDRP bedroom shall provide a minimum 325 square feet clear floor area with a minimum 13 foot headwall length. This clear floor area includes an infant stabilization and resuscitation space with a minimum clear floor area of 40 square feet. The infant stabilization and resuscitation space shall be an area in the room that is distinct from the mother’s area.

(B) Where a reclining chair for a support person is in the LDR or LDRP room, additional space to accommodate it shall be provided.

(4) A minimum clearance of five foot on the transfer side, four foot on the non-transfer side, and six foot at the foot of the bed shall be provided.

(5) Where renovation work is undertaken in existing LDR or LDRP rooms, and upon the Texas Health and Human Services Architectural Review Unit's (ARU's) review and approval, a minimum clear floor area of 240 square feet shall be permitted where it appears impossible to meet the square-footage standards in paragraph (4) of this subsection.

(6) Windows shall meet the requirements of §520.172(d) of this subchapter (relating to Architectural Details). A window is not required in LDR rooms.

(7) Patient privacy shall be provided in accordance with §520.101(e) of this division.

(8) A hand-washing station shall be provided in accordance with §520.102(b)(5) of this division.

(9) A patient bathroom shall be provided in accordance with §520.76 of this chapter (relating to Patient Toilet Room). Each LDR or LDRP room shall provide direct access to a bathroom.

(10) Patient storage shall be provided in accordance with §520.102(b)(6) of this division.

(11) An examination light shall be provided in accordance with §520.183(i)(5)(C) of this subchapter (relating to Electrical Systems).

(12) Medical gas and vacuum system’s station outlet requirements shall be accessible to the delivery area and the infant resuscitation area.

(d) The obstetrical unit support areas required in this section shall be provided in accordance with Subchapter B, Division 3 of this chapter (relating to Support Areas for Patient Care Areas).

(1) A nurse station shall be provided in accordance with §520.62 of this chapter (relating to Nurse Station). The nurse station shall be in the patient care unit and may be shared with an adjacent antepartum patient care unit, postpartum patient care unit, and LDR and LDRP patient care unit.

(2) Each patient care unit shall provide a documentation area in accordance with §520.63 of this chapter (relating to Documentation Area).

(3) Each patient care unit shall provide a documentation area in accordance with §520.64 of this chapter (relating to Nurse Office).

(4) A multipurpose room shall be provided in accordance with §520.65 of this chapter (relating to Multipurpose Room).

(5) Hand-washing stations shall be in be provided in accordance with §520.67 of this chapter (relating to Hand-Washing Station).

(6) A medication safety zone shall be provided in accordance with §520.68 of this chapter (relating to Medication Safety Zone). In a special or general hospital with a maximum of 16 licensed beds, the medication safety zone may be combined with the pharmacy; however, where provided, the medication safety zone shall meet §520.68 of this chapter.

(7) A nourishment area shall be provided in accordance with §520.69 of this chapter (relating to Nourishment Area or Room). The nourishment area or room shall be in the patient care unit and may be shared with an adjacent antepartum patient care unit, postpartum patient care unit, and LDR and LDRP patient care unit.

(8) Ice-making equipment shall be provided in accordance with §520.70 of this chapter (relating to Ice-Making Equipment). Ice-making equipment shall be in the patient care unit and may be shared with other patient care units where it is within 150 feet travel distance from the farthest patient care bedroom.

(A) In a hospital with a maximum of 16 licensed beds, the ice-making equipment shall be permitted in the food service unit.

(9) A clean workroom or clean supply room shall be provided in accordance with §520.71 of this chapter (relating to Clean Workroom or Clean Supply Room).

(A) In a special or general hospital with a maximum of 16 licensed beds, the clean workroom or clean supply room may be combined with the linen services unit, however, where provided the clean workroom or supply room shall meet §520.71 of this chapter.

(B) The clean workroom or clean supply room shall be in the patient care unit and may be shared with another antepartum patient care unit, postpartum patient care unit, and LDR and LDRP patient care unit where the clean workroom or clean supply room is directly adjacent.

(10) A soiled workroom or soiled holding room shall be provided in accordance with §520.72 of this chapter (relating to Soiled Workroom or Soiled Holding Room).

(A) In a special or general hospital with a maximum of 16 licensed beds, the soiled workroom or soiled holding room maybe combined with the linen services unit, however, where provided the soiled workroom or soiled holding room shall meet §520.72 of this chapter.

(B) The soiled workroom or soiled holding room shall be in the patient care unit and may be shared with another antepartum patient care unit, postpartum patient care unit, and LDR and LDRP patient care unit where the soiled workroom or soiled holding room is directly adjacent.

(11) Equipment and supply storage shall be provided in accordance with §520.73 of this chapter (relating to Equipment Storage). Equipment and supply storage shall be in the patient care unit and may be shared with an adjacent antepartum patient care unit, postpartum patient care unit, and LDR and LDRP patient care unit.

(12) An environmental services room shall be provided in accordance with §520.74 of this chapter (relating to Environmental Services Room) and shall be in and dedicated to the unit.

(13) Examination room shall be single-occupant and provided in accordance with §520.45 of this chapter (relating to Examination Room or Emergency Unit Treatment Room).

(14) Where obstetrical triage services are offered, a single-occupant obstetrical triage room shall be provided in accordance with §520.45 of this chapter.

(A) The obstetrical triage room shall be immediately accessible to the units where births occur (LDR patient care unit, LDRP patient care unit, cesarean delivery unit) or in the emergency unit and shall not be in the antepartum patient care unit and the postpartum patient care unit.

(B) Patient toilet room shall be provided in accordance with §520.76 of this chapter (relating to Patient Toilet Room).

(C) Patient toilet room shall be provided at a ratio of one patient toilet room for each six patient bays/cubicles/individual room or fewer and for each major fraction thereof. A single-occupant room for triage patient care which is directly accessible to a patient toilet room shall only contribute to that one patient care station when determining the minimum number of toilet rooms. Patient toilet room shall be dedicated to the triage area and shall limit patient access to other examination rooms. At least one patient toilet room shall be handicapped accessible and shall meet §520.20 of this chapter (relating to Design Standards for Accessibility), whichever is greater.

(D) Where an obstetrical emergency unit’s reception area/registration area and its waiting room is provided, it shall be in accordance with §520.162(d)(4) of this subchapter (relating to Public Areas). Omission of the HVAC requirements for an emergency waiting room shall be permitted only if the patient registers in at the main emergency’s unit’s registration area. The facility’s functional program shall indicate the registration/check in process where obstetrical emergency services is provided. Where an obstetrical emergency waiting room is provided, a public toilet in accordance with §520.162(e) of this subchapter shall be provided and shall be within 20 feet travel distance from obstetrical emergency unit’s waiting room.

(e) Support areas for staff shall be provided in accordance with Subchapter B, Division 4 of this chapter (relating to Support Areas for Staff).

(1) A staff toilet shall be provided in accordance with §520.82 of this chapter (relating to Staff Toilet Room) and shall be in or readily accessible to the antepartum patient care unit, postpartum patient care unit, and LDR and LDRP patient care units.

(2) Staff lounge shall be provided in accordance with §520.81 of this chapter (relating to Staff Lounge) and shall be in or readily accessible to the antepartum patient care unit, postpartum patient care unit, and LDR and LDRP patient care units.

(3) An on-call room shall be provided in accordance with §520.106(f)(4) of this division (relating to Critical Care Unit).

(A) Location of the on-call room shall be permitted to be outside the unit.

(B) Omission of the shower shall be permitted.

(f) The facility shall provide the following support areas for families and visitors.

(1) A waiting area for Families and Visitors shall be provided in accordance with §520.91 of this chapter (relating to Public Waiting Area).

(2) A toilet room shall be provided in accordance with §520.162(e) of this chapter.

(g) Where obstetrical services are offered to inpatients at a general hospital, a cesarean delivery unit shall be provided and shall meet the requirements in §520.128 of this subchapter (relating to Surgical Unit).

(1) The cesarean delivery unit shall be divided into the following defined functional areas and shall be physically separated from each other:

(A) cesarean delivery rooms – restricted area;

(B) support areas for cesarean delivery rooms – semi-restrictive area; and

(C) recovery space for cesarean delivery unit – unrestricted area.

(2) At least one cesarean delivery (C-Section) room shall be provided when providing obstetrical services. The cesarean delivery room is not required in a general hospital where direct access from the operating room to the obstetrical patient care unit is provided and an infant resuscitation space is provided.

(A) Where minor renovation work is undertaken, the Texas Health and Human Services Commission may permit the built environment to meet the chapter requirements that were in effect at the time of the initial construction, addition, or renovation was built in accordance with §520.14(c) of this chapter (relating to Exceptions).

(B) Applicable Requirements are provided in §520.202 of this chapter. Definitions for “clearance,” “clear dimension,” and “clear floor area” are provided in §520.2 of this chapter (relating to Definitions).

(i) Cesarean delivery room shall provide a minimum 440 square feet clear floor area with minimum 16 foot clear dimensions. This includes an infant resuscitation space with a minimum 80 square feet clear floor area. There shall be no direct access between operating rooms.

(ii) Where an infant resuscitation space is provided in a separate but immediately accessible room (e.g., where cesarean deliveries are performed in an operating room instead of a cesarean delivery room), a minimum 150 square feet clear floor area with 10 foot clear dimensions shall be provided.

(3) Cesarean delivery unit shall provide a minimum 50 square feet per cesarean delivery room for clean equipment and supply storage, whichever is greater. Required square footage is in addition to storage square footage in the operating room and that required for procedure rooms, invasive (operating) rooms, or both that are located in the surgical unit. All clean equipment and supply storage areas shall be located out of the path of normal traffic, including the connecting corridor, as provided by §520.172(b)(1) of this subchapter. Where cesarean delivery unit is constructed, renovated, or modified, the facility’s functional program shall provide the square footage of each storage area in the semi-restricted area.

(4) A cesarean delivery unit shall provide support spaces that comply with the following requirements.

(A) At least two recovery patient care stations shall be provided for each cesarean delivery room. Where labor-delivery-recovery (LDR) or labor-delivery-recovery-postpartum (LDRP) rooms are located directly accessible to the cesarean delivery unit, they shall be permitted to serve as the required recovery patient care stations.

(B) Each recovery care unit supporting the cesarean delivery unit, excluding LDR and LDRP unit, shall provide a nurse station in accordance with §520.47(n)(2) of this chapter (relating to Pre- and Post-Procedure Patient Care and Phase II Recovery).

(C) Each recovery care unit supporting the cesarean delivery unit, excluding LDR and LDRP unit, shall provide a documentation area in accordance with §520.63 of this chapter (relating to Documentation Area) and shall be permitted to be combined with the nurse station.

(D) A clean workroom or clean supply room shall be provided in accordance with §520.71 of this chapter and shall be permitted to be shared with another antepartum patient care unit, postpartum patient care unit, LDR patient care unit, and LDRP patient care unit where the travel distance does not exceed 75 feet from the farthest recovery station and on the same floor.

§520.110. Antepartum.

Where antepartum services are offered to inpatients, an antepartum room shall be provided in accordance with §520.102(b) of this division (relating to Medical/Surgical Patient Care Unit).

§520.111. Postpartum.

Where postpartum services are offered to inpatients, a postpartum room shall be provided in accordance with §520.102(b) of this division (relating to Medical/Surgical Patient Care Unit).

§520.112. Newborn Nursery Unit.

(a) Where obstetrical services are provided in a licensed general hospital, a newborn nursery unit shall be provided and shall meet the requirements in this section.

(b) Continuing care infant stations may be combined with the newborn nursery infant care stations, however, the continuing care infant station shall meet the spatial requirements and building system requirements, such as electrical, medical gas, nurse call, and ventilation. A continuing care infant area shall be a separate and defined area in the newborn nursery unit where the two licensed bed types are in the same room. A continuing care infant station is a licensed bed type. A newborn nursery infant care station is not considered a licensed bed.

(1) A newborn nursery shall be located in the obstetrical patient care unit or immediately accessible to the NICU.

(2) All entries to the newborn nursery shall be secured with controlled access by door locking or by direct or indirect visual observation to protect the physical security of infants, and to minimize the risk of infant abduction.

(c) The maximum capacity of infant care stations (bassinets) shall be a maximum of 16 bassinets per multiple-occupant bedroom.

(1) At least one airborne infection isolation (AII) nursery room for each 16 infant care stations or fewer and for each major fraction thereof in accordance with §520.41 of this chapter (relating to Airborne Infection Isolation Room), except the separate toilet, bathtub, or shower requirements in §520.41 of this chapter, shall be provided. The room shall be enclosed and separated from the nursery unit with provisions for observation of the infant from adjacent nurseries or control areas. Omission of this requirement shall be provided if a continuing care nursery is provided and, in its unit, has at least one AII room meeting this requirement.

(2) Where minor renovation work is undertaken, the built environment shall be permitted to meet the sections under which any initial construction, addition, or renovation was built in accordance with §520.14(c) of this chapter (relating to Exceptions). Area requirements are provided in §520.202 of this chapter (relating to Patient Care Unit). Definitions for “clearance,” “clear dimension,” and “clear floor area” are provided in §520.2 of this chapter (relating to Definitions).

(A) Single-occupant nursery room shall provide a minimum 100 square feet clear floor area with a minimum 9 foot headwall length.

(B) Multiple-occupant nursery room, including ones with bays, cubicles, or movable cubicle partitions shall provide a minimum 25 square feet clear floor area per infant care station (bassinet).

(3) The room shall be equipped with or accommodate the following features.

(A) Hand-washing station shall be provided in accordance with §520.67 of this chapter (relating to Hand-Washing Station). At least one hand-washing station shall be located adjacent to the entrance of a newborn nursery room.

(B) Storage for infant supplies and linens shall be provided.

(C) Where viewing windows are provided, a means to provide visual privacy shall be provided.

(d) A newborn nursery unit shall provide the following support areas.

(1) A documentation area in accordance with §520.63 of this chapter (relating to Documentation Area) shall be provided.

(2) A nursery room shall be served by a connecting workroom. One workroom may serve no more than two nursery rooms provided that required services are convenient to each. A workroom serving the newborn and continuing care nurseries is not required where equivalent work and storage areas, including those for scrubbing and gowning, are provided in that nursery. Space required for work areas located in the nursery is in addition to the area required for infant care. No nursery room shall open directly onto another nursery room. Omission of this requirement shall be permitted where single occupant rooms are located off a corridor. Where the infant care station is in a single occupant bedroom, omission of this requirement shall be permitted. The connecting workroom room shall be equipped with or accommodate the following features:

(A) hand-washing station at the entrance for staff and families;

(B) gowning accommodations at the entrance for staff and families;

(C) work counter maintained in an organized manner to support effective use;

(D) refrigerator; and

(E) storage accommodations for supplies.

(3) Emergency cart storage shall be provided and out of traffic.

(4) Provision shall be made for the sanitary storage and disposal of soiled waste.

(5) View panels in doors or walls in accordance with §520.172(c) of this subchapter (relating to Architectural Details) shall be provided to allow observation from nursing staff.

(6) A medication safety zone shall be provided in accordance with §520.68 of this chapter (relating to Medication Safety Zone).

(7) A soiled workroom or soiled holding room in accordance with §520.72 of this chapter (relating to Soiled Workroom or Soiled Holding Room) shall be provided. A clinical service sink is not required in nurseries where only disposable diapers are used. A facility's functional narrative shall document when disposable diapers are used.

(8) An environmental services room dedicated to and located in the newborn nursery unit in accordance with §520.74 of this chapter (relating to Environmental Services Room) shall be provided.

(9) Where an infant examination area is provided, it shall be equipped with or accommodate the following features:

(A) work counter;

(B) storage accommodations; and

(C) hand-washing stations shall be provided in accordance with §520.67 of this chapter.

(10) A lactation room adjacent to the newborn nursery in accordance with §520.108(d) of this division (relating to Neonatal Intensive Care Unit) shall be provided.

(11) A newborn nursery unit may share the support areas in this subsection with other adjacent nurseries, unless noted in the facility-specific subchapters of this chapter as follows.

(A) Subchapter C, Specific Requirements for General and Special Hospitals;

(B) Subchapter D, Specific Requirements for Private Psychiatric Hospitals;

(C) Subchapter E, Specific Requirements for Crisis Stabilization Units;

(D) Subchapter F, Specific Requirements for Ambulatory Surgical Centers;

(E) Subchapter G, Specific Requirements for Freestanding Emergency Medical Care Facilities;

(F) Subchapter I, Specific Requirements for End Stage Renal Disease Facilities;

(G) Subchapter J, Specific Requirements for Home Training Only End Stage Renal Disease Facilities; or

(H) Subchapter L, Specific Requirements for Mobile/Transportable Units.

§520.113. Continuing Care Nursery Unit.

(a) Where step-down care for infants are offered, a continuing care nursery unit shall be provided and shall meet the requirements in this section. Continuing care stations shall be in accordance with §520.112 of this division (relating to Newborn Nursery Unit) and this section.

(b) A single-occupant continuing care nursery bedroom shall provide a minimum 120 square feet clear floor area with a minimum 10 foot headwall length. A multiple-occupant nursery bedroom, including ones with bays, cubicles, or movable cubicle partitions shall provide a minimum 120 square feet clear floor area of per infant care station or bassinet with a minimum 10 foot headwall length per infant care station or bassinet. Refer to definitions for “clearance,” “clear dimension,” and “clear floor area” provided in §520.2 of this chapter (relating to Definitions).

(c) A minimum clearance of four foot between the side of bassinets/infant care station and adjacent walls/partitions, and eight foot between the sides of adjacent bassinets/infant beds, and four foot between the foot of bassinets/infant care station and cubicle curtains shall be provided. Where bassinets face each other, a minimum corridor clearance of four feet shall be provided from the foot of a bed or other fixed object to allow a clear unobstructed passage for beds, equipment, wheelchairs, staff, patients, and visitors.

§520.114. Psychiatric (Mental Health/Behavioral Health) Patient Care Unit.

(a) Where psychiatric (mental health) or chemical dependency treatment services, or both services are offered to inpatients, a psychiatric patient care unit in accordance with Division 2 of this Subchapter (relating to Patient Care Units), except for §520.101(c)(2) - (4) of this division (relating to General), shall meet the requirements in this section. A licensed private psychiatric hospital shall comply with the requirements in Subchapter D of this chapter (relating to Specific Requirements for Private Psychiatric Hospitals). A licensed crisis stabilization unit shall comply with Subchapter E of this chapter (relating to Specific Requirements for Crisis Stabilization Units). Omission of the airborne infection isolation room is permitted.

(b) The licensed facility shall provide a therapeutic environment appropriate for the planned treatment programs. The built environment shall avoid physical hazards.

(1) A facility's functional program shall indicate the level of security needed for patients for prevention of patient injury and suicide and the unit type and age-level of patients served by each of the units the facility provides in accordance with paragraph (2) of this subsection.

(2) A psychiatric patient care unit shall consist of any of the following or a mix of any of the following and shall meet the requirements in this section:

(A) adult psychiatric patient care unit;

(B) pediatric/adolescent psychiatric patient care unit;

(C) geriatric psychiatric patient care unit;

(D) Alzheimer’s and other dementia psychiatric patient care unit;

(E) forensic psychiatric patient care unit, whether adult, child, and adolescent care; or

(F) crisis stabilization unit.

(3) Means for visual observation (e.g., electronic surveillance) of patient care unit corridors, dining areas, and social areas such as activity areas shall be provided.

(4) Hidden alcoves and blind corners or areas shall be avoided. Interior columns shall not impede traffic patterns or create blind areas in the room.

(5) Access control shall be provided for all entrances to the patient care unit. Electric locks and magnetic locks shall provide a fail secure function and shall be powered by emergency power with battery backup to prevent loss of security during power failure. These locks shall be permitted to be equipped with card or proximity readers to ease staff access. The use of magnetic locks on double egress doors and other doors shall be permitted.

(c) A psychiatric patient bedroom shall comply with the following requirements.

(1) The maximum capacity of a psychiatric patient bedroom shall be two beds. Where major renovation work is undertaken, and the present capacity is more than two beds per room, the work shall result in a maximum patient bedroom capacity of two beds. Where an airborne infection isolation (AII) patient bedroom is provided, it shall be in accordance with §520.41 of this chapter (relating to Airborne Infection Isolation Room).

(2) Where minor renovation work is undertaken, HHSC may permit the built environment to meet the chapter requirements that were in effect at the time of the initial construction, addition, or renovation was built in accordance with §520.14(c) of this chapter (relating to Exceptions). Requirements are provided in §520.202 of this chapter (relating to Patient Care Unit). Definitions for “clearance,” “clear dimension,” and “clear floor area” are provided in §520.2 of this chapter (relating to Definitions).

(A) A single-occupant bedroom shall provide a minimum 100 square feet clear floor area with a minimum nine foot headwall length. Alzheimer’s and dementia patient care single-occupant bedroom shall provide a minimum 120 square feet clear floor area with a minimum 10 foot headwall length.

(B) A double-occupant bedroom shall provide a minimum 80 square feet clear floor area per bed with a minimum eight foot headwall length per bed. Alzheimer’s and dementia patient care double-occupant bedroom shall provide a minimum 200 square feet clear floor area per bed with a minimum 10 foot headwall length per bed.

(3) Windows in accordance with §520.172(d) of this subchapter (relating to Architectural Details) shall be provided.

(4) Patient privacy shall not apply to patient bedrooms.

(5) A hand-washing station is prohibited in a patient bedroom.

(6) Patient storage shall be provided for each patient in the bedroom. This storage shall consist of a separate wardrobe or shelves for each patient's folded garments for a daily change of clothes for seven days. Each dedicated patient storage shall provide a minimum net depth of 12-inches and a minimum net width of 30 inches. Arrangements for hanging garments shall be prohibited.

(d) A patient toilet room shall be directly accessible to a patient bedroom without having to enter a corridor and shall serve only one patient bedroom and shall be provided in accordance with §520.76 of this chapter (relating to Patient Toilet Room) and §520.178 of this subchapter (relating to Psychiatric Finishes and Furnishings). A shower stall shall be permitted in the toilet room. Additional details are provided in subsection (e) of this section.

(e) Patient bathing room shall be provided in accordance with §520.178 of this subchapter.

(1) For Alzheimer’s and dementia patient units, at least one dedicated accessible shower or bathtub in a locked room shall be provided. This shower room shall not be permitted to share with other functions, such as seclusion toilet room, and shall be accessed from a corridor and immediately accessible to the Alzheimer's and dementia patient unit.

(2) Where a bathroom is not directly accessible to a patient bedroom, a central bathing room shall be provided in the patient care unit on the same floor and within 50 feet travel distance to any patient bedroom entrance.

(3) A psychiatric bathing room shall be provided at a ratio of one central bathing room for each eight psychiatric licensed beds or fewer and for each major fraction thereof. At least one shower stall shall be handicapped accessible and shall meet §520.20 of this chapter (relating to Design Standards for Accessibility), whichever is greater. The room shall be dedicated to and in that patient care unit and shall be located within 50 feet from the farthest patient bedroom.

(4) A psychiatric patient bathing room shall be equipped with or accommodate the following features.

(A) A toilet room with hand-washing station in accordance with §520.67 of this chapter (relating to Hand-Washing Station) shall be provided in or directly adjacent to each central bathing room.

(B) A hand-washing station shall be provided in or directly adjacent to each central bathing room.

(C) A shower shall be provided in accordance with §520.184(j)(10) of this subchapter (relating to Plumbing Systems). Bathtub shall only be allowed in a secured room. Each shower shall be in an individual room or enclosure that provides privacy for bathing, drying, and dressing.

(D) Storage for soap and towels.

(E) Space for an attendant.

(F) Thresholds to facilitate use and prevent tipping of wheelchairs and other portable wheeled equipment.

(G) Floor drain grates to facilitate use of shower and prevent tipping of wheelchairs and other portable wheeled equipment.

(f) Notwithstanding any other requirements in this chapter, a psychiatric patient care unit shall provide patient support areas located in or readily accessible to each patient care unit that comply with the requirements of this subsection. The support areas may be arranged and located to serve more than one psychiatric patient care. At least one such support area shall be provided on each psychiatric patient care floor, unless allowed in other sections of this chapter. The distance from all patient support areas to patient rooms shall be approximately equal.

(1) A single-occupant examination room in accordance with §520.45 of this chapter (relating to Examination Room or Emergency Unit Treatment Room) shall be provided. Examination room shall be at a ratio of one examination room for each 40 psychiatric licensed beds or fewer and for each major fraction thereof. This examination room is not required Where all single-occupant bedrooms are provided in that patient care unit.

(2) A seclusion room shall be provided in accordance with §520.49 of this chapter (relating to Seclusion Room).

(3) At least two separate areas, a noisy activity area for loud activities and a quiet activity area for low activities, shall be provided. A facility’s functional program shall indicate the noisy area's and the quiet area's square footage and their room numbers. A corridor in a patient care unit shall not encroach in the noisy area's and the quiet area’s square footage. The areas shall be permitted to be open to the corridor or in a room.

(A) A psychiatric patient care unit shall provide at least a combined floor area of 25 square feet per licensed bed or 120 square feet per noisy area and per quiet area, excluding corridors, whichever is greater. An Alzheimer’s and dementia patient care unit or shall provide at least a combined floor area of 30 square feet per licensed bed or 150 square feet per noisy and per quiet areas, excluding corridors, whichever is greater. A psychiatric pediatric patient care unit shall provide at least a combined floor area of 35 square feet per licensed bed or 175 square feet per noisy and per quiet areas, excluding corridors, whichever is greater.

(B) A minimum net glazed area of no less than eight percent of the floor area of each noisy activity area and quiet activity area shall be provided and shall comply with §520.172(d) of this subchapter. Skylights may partially count for the minimum net glazed area.

(4) A psychiatric patient care unit shall comply with the following dining space requirements.

(A) A dining area or room shall provide at least 20 square feet per licensed bed or a minimum of 120 square feet area whichever is greater. For a pediatric unit, unit shall provide at least 15 square feet per licensed bed for dining. The noisy area or quiet area may be combined with dining where an additional 15 square feet per patient is added. The facility’s functional program shall indicate if the dining activities are in the noisy area or quiet area and provide the square footage.

(B) A minimum net glazed area of no less than eight percent of the floor area of each dining space shall be provided and shall comply with §520.172(d) of this subchapter. Skylights may partially count for the minimum net glazed area.

(5) Group therapy area shall be provided and may be combined with the quiet activity space shall be permitted where the room is a minimum 370 square feet and the unit accommodates no more than 12 patients.

(6) A consultation room shall be provided in accordance with §520.43 of this chapter (relating to Consultation Room). This room may be combined with the visitor room. A consultation room shall be provided at a ratio of one consultation room for each 12 psychiatric licensed beds or fewer and for each major fraction thereof. At least 10 percent of the consultation rooms shall be handicapped accessible and shall meet §520.20 of this chapter (relating to Design Standards for Accessibility), whichever is greater.

(7) Where a quiet room for a patient who needs to be alone for a short period of time but does not require a seclusion room shall be provided. A quiet room shall provide a minimum 80 square feet clear floor area with minimum eight foot clear dimensions.

(8) A visitor room shall be provided for patients to meet with friends and family. This room shall be permitted to be located outside of the patient care unit and shall be permitted on another floor than the patient care unit. The visitor room shall provide a minimum 100 square feet clear floor area with minimum eight foot clear dimensions.

(9) A patient belonging storage room shall be provided for patients’ belongings that are determined to be potentially harmful (e.g., razors, nail files, cigarette lighters). This room shall be under staff-controlled and secured. This room may be combined with the clean workroom or clean supply room, or visitor storage.

(A) Where a pediatric/adolescent patient care unit is provided, a dedicated storage room located in the pediatric/adolescent patient care unit shall be provided for toys, equipment, extra cribs, and beds.

(B) Where Alzheimer’s and dementia patient units are provided, a dedicated storage room located in the Alzheimer’s and dementia patient unit shall be provided for extra blankets, pillows, and linen.

(10) A patient laundry room shall be provided and accommodate an automatic washing machine and an electric dryer machine in accordance with §520.145(i) of this subchapter (relating to Laundry Unit). The patient laundry room shall be a secured room.

(11) Where a secure holding room is provided, it shall meet the requirements of §520.50 of this chapter (relating to Secure Holding Room) and be separate from and in addition to the seclusion rooms.

(12) Where outpatient behavioral health observation services for outpatients are offered, it shall be provided in accordance with §520.124 of this subchapter (relating to Behavioral Health Observation Patient Unit).

(13) Where electroconvulsive therapy (ECT), transcranial magnetic stimulation (TMS), multisystemic therapy (MST), and other similar procedures are provided to inpatients, outpatients, or both, an electroconvulsive therapy procedure unit shall be provided in accordance with §520.127 of this subchapter (relating to Electroconvulsive Therapy Procedure Unit).

(14) Where an indoor therapy room for play is provided, such as a gym, a staff work area in the therapy room shall be provided and the staff work area shall provide views of all activities taking place in that room. Access to a patient toilet room shall be provided on the same floor within 50 feet travel distance from the therapy room. This room may be located anywhere in the licensed facility. The indoor therapy room is separate and in addition to the required activity areas at a patient care unit.

(15) Where an outdoor area for play and therapy are provided, it shall meet the requirements of this section.

(A) Fences and walls serving a locked patient care unit shall be designed to:

(i) hinder climbing;

(ii) be installed with tamper-resistant hardware;

(iii) have a minimum height of 10 feet above the outdoor area elevation; and

(iv) be anchored to withstand the body force of a 350-pound person. As part of the required documents a letter from a structural engineer shall be provided verifying the design of the fence or exterior outdoor area wall meets or exceeds this requirement. This letter shall be part of the application package.

(B) The gates or doors in the fence or wall shall:

(i) swing out from the outdoor area;

(ii) have the hinge installed on the outside of the outdoor area; and

(iii) be provided with a locking mechanism that has been coordinated with life safety exiting requirements.

(C) Plants selected for use shall not be toxic. Plants selected for use shall be types that will not grow large enough to facilitate elopement or concealment.

(D) Lighting luminaries shall provide tamper-proof lenses and shall not be accessible to patients. Poles supporting luminaires shall not be capable of being climbed.

(E) Where provided, security cameras shall view the entire outdoor area and shall not be accessible to patients.

(F) Where provided, furniture shall not be placed in locations where it can be used to climb the fence or wall.

(G) Elevated courtyards or outdoor areas located above the ground floor level shall not contain skylights or unprotected walkways or ledges.

(16) Where a sally port is provided based on the licensed facility’s need for elopement prevention, the sally port shall comply with the following requirements.

(A) The primary access point to a locked unit shall be permitted via a sally port.

(B) Where a forensic unit is provided, a sally port shall be provided.

(C) The sally port shall be located between two locked doors that shall be traversed to enter the unit. When an individual enters the unit, the first door shall be unlocked to gain access to the sally port and the second door shall remain closed and locked. The second door shall only open after the first door has closed and is locked to prevent patients from bolting out of the unit. Tailgating is prohibited.

(D) The sally port shall be long enough to accommodate unloading from a vehicle. The door shall be a minimum clear width of 41.5 inches to accommodate passage of a bed or laundry cart.

(17) Where provided, perimeter security shall meet the requirements of this section.

(A) A perimeter security system shall be designed to:

(i) contain patients within the patient care unit or treatment areas outside the unit until clinical staff or hospital security can escort them to an adjacent compartment or an exit stair;

(ii) prevent elopement and contraband smuggling; and

(iii) include provisions for monitoring and controlling visitor access and egress.

(B) Openings in the perimeter security system (e.g., windows, doors, gates) shall be controlled by locks (manual, electric, or magnetic) where required by a hospital’s assessment of the risk to the patient. Electric locks and magnetic locks shall provide a fail secure function and shall be powered by emergency power with battery backup to prevent loss of security during power failure. These locks shall be permitted to be equipped with card or proximity readers to ease staff access. The use of magnetic locks on double egress doors and other doors shall be permitted.

(g) A psychiatric patient care unit shall provide support areas located in or readily accessible to each patient care unit and shall be provided in accordance with Subchapter B, Division 3 of this chapter (relating to Support Areas for Patient Care Areas) and the following requirements.

(1) Support areas in this subsection shall be secured or in a staff-controlled area.

(2) Each patient care unit shall provide a nurse station in accordance with §520.62 of this chapter (relating to Nurse Station).

(A) Nurse station shall be in the patient care unit and may be shared with other psychiatric patient care units where the nurse station is directly adjacent to those patient care units and on the same floor.

(B) The openness of the nurse station shall be determined by the governing body based on patient privacy and staff safety.

(3) Each patient care unit shall provide a documentation area in accordance with §520.63 of this chapter (relating to Documentation Area). Documentation area shall be immediately accessible to the patient care unit and shall be permitted to be shared with other psychiatric patient care units where the documentation area is directly adjacent to those patient care units and on the same floor.

(4) A nurse office in accordance with §520.64 of this chapter (relating to Nurse Office) shall be provided. Nurse office shall be immediately accessible to the patient care unit and shall be permitted to be shared with other psychiatric patient care units where the nurse station is directly adjacent to those patient care units and on the same floor.

(5) A multipurpose room shall be provided in accordance with §520.65 of this chapter (relating to Multipurpose Room).

(6) Where a hand-washing station is required for a support area in this subsection, it shall be provided in accordance with §520.67(c) - (h) of this chapter (relating to Hand-Washing Station).

(7) A medication safety zone in accordance with §520.68 of this chapter (relating to Medication Safety Zone) shall be provided. The medication safety zone shall be in the patient care unit and may be shared with other psychiatric patient care units where the nurse station is directly adjacent to those patient care units and on the same floor.

(8) Nourishment room shall be provided in accordance with §520.69 of this chapter (relating to Nourishment Area or Room). Nourishment shall be in a secured room in the patient care unit and shall be permitted to be shared with other psychiatric patient care units where the nourishment room is directly adjacent to those patient care units and on the same floor.

(9) Ice-making equipment shall be provided in accordance with §520.70 of this chapter (relating to Ice-Making Equipment).

(A) Ice-making equipment shall be in the patient care unit’s nourishment room or clean supply room.

(B) Where a licensed facility has fewer than 17 licensed beds, the ice-making equipment shall be permitted in the food service unit.

(10) A clean workroom or clean supply room in accordance with §520.71 of this chapter (relating to Clean Workroom or Clean Supply Room) shall be provided.

(A) Where a licensed facility has fewer than 17 licensed beds, the clean workroom or clean supply room may be combined with the laundry unit in accordance with §520.145 of this subchapter (relating to Laundry Unit) and shall be on the same floor and within 75 feet travel distance.

(B) Clean workroom or clean supply room shall be immediately accessible to the patient care unit and shall be permitted to be shared with other psychiatric patient care units where the clean workroom or clean supply room is directly adjacent to those patient care units and on the same floor.

(C) A covered cart distribution system shall be prohibited on patient care units or patient care treatment areas since the carts may present a risk to the patient population.

(11) Soiled workroom or soiled holding room shall be provided in accordance with §520.72 of this chapter (relating to Soiled Workroom or Soiled Holding Room).

(A) Where a licensed facility has fewer than 17 licensed beds, the soiled workroom or soiled holding room may be combined with the laundry unit in accordance with §520.145 of this subchapter (relating to Laundry Unit) and shall be on the same floor and within 75 feet travel distance.

(B) Soiled workroom or soiled holding room shall be immediately accessible to the patient care unit and shall be permitted to be shared with other psychiatric patient care units where the soiled workroom or soiled holding room is directly adjacent to those patient care units and on the same floor.

(12) Equipment storage shall be provided in accordance with §520.73 of this chapter (relating to Equipment Storage).

(A) Equipment and supply storage room shall be immediately accessible to the patient care unit and shall be permitted to be shared with other psychiatric patient care units where the equipment and supply storage room is directly adjacent to those patient care units and on the same floor.

(B) Where Alzheimer’s and dementia patient units are provided, a storage space for wheelchairs shall be provided in the patient care unit and out of traffic and egress corridors.

(13) An environmental services room shall be provided in accordance with §520.74 of this chapter (relating to Environmental Services Room).

(A) The environmental services room shall be located in or immediately accessible to the patient care unit and shall be permitted to be shared with other psychiatric patient care units where the environmental services room is directly adjacent to those patient care units and on the same floor.

(B) The environmental services room shall be a secured room located in any patient care unit or patient care treatment area.

(14) A locked visitor storage space for visitors' belongings shall be provided to prevent visitors who are visiting from smuggling contraband items or other items to patients that could pose harm. This shall be permitted in the nurse station or patient belonging storage room where it meets this section.

(h) A psychiatric patient care unit shall provide staff support areas in accordance with §520.102(f)(14) of this division (relating to Medical/Surgical Patient Care Unit).

(i) The psychiatric patient care unit shall provide public support areas that comply with the following requirements.

(1) A public waiting area shall be provided in accordance with §520.91 of this chapter (relating to Public Waiting Area). Direct visual from a reception desk into the waiting area shall be provided.

(2) A public toilet room or rooms shall be provided in accordance with §520.92 of this chapter (relating to Public Toilet Room) and §520.178 of this chapter.

§520.115. In-Hospital Skilled Nursing Patient Care Unit.

(a) Where in-hospital skilled nursing services are offered, an in-hospital skilled nursing patient care unit shall be provided in accordance with §520.102 of this division (relating to Medical/Surgical Patient Care Unit).

(b) The in-hospital skilled nursing patient care unit shall meet the following requirements.

(1) A two-hour fire protection rated construction barrier may be constructed to define the unit for certification inspections; however, the unit shall be under the hospital’s license.

(2) Handrails shall be provided in accordance with §520.172(f) of this subchapter (relating to Architectural Details) on both sides of a patient use corridor.

(c) A dedicated patient dining area shall be provided in each in-hospital skilled nursing patient care unit. The dining space may be used for recreational activities. The dining area may be located in a separate room or open to the corridor, however, the spaces shall not encroach in the corridor width.

(1) An exterior window shall allow for daylight to reach the dining area.

(2) The dining area shall be provided in a newly constructed unit or where the number of in-hospital skilled nursing licensed beds occurs are increased.

(3) The in-hospital skilled nursing patient care unit’s dining area shall not be combined with the licensed facility’s multipurpose room per §520.65 of this chapter (relating to Multipurpose Room) or the licensed facility's dining room requirements in §520.143 of this subchapter (relating to Dietary Unit).

(4) An in-hospital skilled nursing patient care unit shall provide at least a combined floor area of 25 square feet per licensed bed or a 225 square feet area excluding corridors, whichever is greater. Where separate spaces are provided, the minimum total area of a space shall be a minimum of 20 square feet per licensed bed. Where major renovation work is undertaken, and it is not possible to meet the combined floor area, a minimum of 160 square feet per area shall be provided with the written approval of the Texas Health and Human Services Commission Architectural Review Unit.

(5) Where multiple dining spaces are provided, the minimum total area of the dining space shall be no less than 20 square feet per bed, excluding corridors.

(d) Where a room for patient grooming is provided, it shall meet the requirements in this section.

(1) The area in the patient grooming room shall not be permitted to be part of the aggregate area outlined in subsection (c) of this section.

(2) The patient grooming room shall provide spaces for hair-washing stations, hair clipping, hair styling, and other grooming needs.

(3) The room shall be equipped with or accommodate the following features.

(A) A work counter shall be provided with enough space to perform the required tasks and counter shall be maintained in an organized manner to support effective use.

(B) A hand-washing station shall be provided in accordance with §520.67 of this chapter (relating to Hand-Washing Station).

(C) A mirror shall be provided in accordance with §520.178(c) of this subchapter (relating to Psychiatric Finishes and Furnishings).

(D) Storage for grooming equipment.

(E) A sitting area for patients shall be provided.

(e) Physical rehabilitation area shall be provided. Where the in-hospital skilled nursing patient care unit is not readily accessible to the licensed facility’s rehabilitation therapy unit, a physical rehabilitation area shall be provided for the use of the in-hospital skilled nursing patient care unit and comply with §520.132(b) of this subchapter (relating to Rehabilitation Therapy Unit). This room shall be permitted to be outside the unit where it is on the same floor within 50 feet travel distance from the unit.

(f) An in-hospital skilled nursing patient care unit shall provide support areas in accordance with Subchapter B, Division 3 of this chapter (relating to Support Areas for Patient Care Areas) and the following requirements.

(1) Each patient care unit shall provide a dedicated nurse station located in the in-hospital skilled nursing patient care unit in accordance with §520.62 of this chapter (relating to Nurse Station).

(2) Each patient care unit shall provide a documentation area in accordance with §520.63 of this chapter (relating to Documentation Area). Documentation area shall be permitted to be shared with other patient care units where it is on the same floor as the patient care unit it serves and within 150 feet travel distance from the farthest patient care unit.

(3) Each patient care unit shall provide a nurse office in accordance with §520.64 of this chapter (relating to Nurse Office). Nurse office shall be permitted to be shared with other patient care units where it is within 150 feet travel distance from the farthest patient care unit.

(4) Multipurpose room shall be provided in accordance with §520.65 of this chapter (relating to Multipurpose Room).

(5) Hand-washing stations shall be provided in accordance with §520.67 of this chapter.

(6) A dedicated medication safety zone located in the in-hospital skilled nursing patient care unit and in accordance with §520.68 of this chapter (relating to Medication Safety Zone) shall be provided.

(7) A dedicated nourishment area or room located in the in-hospital skilled nursing patient care unit in accordance with §520.69 of this chapter (relating to Nourishment Area or Room) shall be provided.

(8) Ice-making equipment shall be provided in accordance with §520.70 of this chapter (relating to Ice-Making Equipment). Ice-making equipment shall be in the patient care unit and shall be permitted to be shared with other patient care units where it is on the same floor and within 150 feet travel distance from the farthest patient care bedroom.

(9) Clean workroom or clean supply room shall be provided in accordance with §520.71 of this chapter (relating to Clean Workroom or Clean Supply Room).

(A) Where a special or general hospital has fewer than 17 licensed beds, the clean workroom or clean supply room may be combined with the linen services unit, however, where provided it shall meet §520.71 of this chapter.

(B) Clean workroom or clean supply room shall be permitted to be shared with other patient care units or patient treatment units where it is on the same floor as the patient care unit it serves and within 150 feet travel distance from the farthest patient care unit or patient treatment unit.

(10) Soiled workroom or soiled holding room shall be provided in accordance with §520.72 of this chapter (relating to Soiled Workroom or Soiled Holding Room).

(A) Where a special or general hospital has fewer than 17 licensed beds, the soiled workroom or soiled holding room may be combined with the linen services unit, however, where provided it shall meet §520.72 of this chapter.

(B) The soiled workroom or soiled holding room may be shared with other patient care units or patient treatment units where it is on the same floor as the patient care unit it serves and within 75 feet travel distance from the farthest patient care unit or patient treatment unit, unless required in other sections of this chapter.

(11) Equipment storage shall be provided in accordance with §520.73 of this chapter (relating to Equipment Storage). Equipment and supply storage shall be permitted to be shared with other medical/surgical patient care units where it is on the same floor as the patient care unit it serves and within 75 feet travel distance from the farthest patient care unit, unless required in other sections of this chapter.

(12) A dedicated environmental services room located in the in-hospital skilled nursing patient care unit in accordance with §520.74 of this chapter (relating to Environmental Services Room) shall be provided.

(13) A single-occupant examination room shall be provided in accordance with §520.45 of this chapter (relating to Examination Room or Emergency Unit Treatment Room).

(g) An in-hospital skilled nursing patient care unit shall provide support areas for staff in accordance with §520.102(f)(14) of this division.

(h) An in-hospital skilled nursing patient care unit shall provide public support areas in accordance with §520.102(f)(15) of this division.

§520.116. Comprehensive Medical Rehabilitation Patient Care Unit.

(a) Where comprehensive medical rehabilitation services are offered to inpatients, a comprehensive medical rehabilitation patient care unit shall be provided in accordance with §520.102 of this division (relating to Medical/Surgical Patient Care Unit) and this section.

(b) All patient bedrooms, patient bathrooms, patient toilet rooms, and patient storage in each comprehensive medical rehabilitation unit and its patient care unit’s common use areas shall be handicapped accessible and shall meet §520.20 of this chapter (relating to Design Standards for Accessibility).

(c) A comprehensive medical rehabilitation patient bedroom shall comply with the following requirements. Refer to definitions for “clearance,” “clear dimension,” and “clear floor area” are provided in §520.2 of this chapter (relating to Definitions).

(1) A single-occupant comprehensive medical rehabilitation bedroom shall provide a minimum 140 square feet clear floor area with a minimum 11 foot headwall length and a minimum clearance of four feet on the transfer side, four feet on the non-transfer side, and four feet at the foot of the bed.

(2) A double-occupant comprehensive medical rehabilitation bedroom shall provide a minimum 125 square foot clear floor area per bed with a minimum 10-foot headwall length per bed and a minimum clearance of four foot between the side of a patient bed and adjacent walls/partitions, and four foot between the side of the adjacent patient bed. Where beds face each other, a minimum corridor clearance of five foot shall be provided from the foot of a bed or other fixed object to allow a clear unobstructed passage for beds, equipment, wheelchairs, staff, patients, and visitors.

(3) A turning space for a wheelchair shall be provided in addition to the minimum clearance in both a single-occupant and double-occupant bedroom.

(d) A patient bathroom shall be provided in accordance with §520.102(c) of this division and comply with the following requirements.

(1) The patient bathroom shall provide space for an attendant.

(2) Where portable patient lifts are provided, the door opening into each patient toilet room shall provide a minimum clearance width of 41.5 inches and a clearance height of 79.5 inches to allow health care providers to transfer patients to the toilet using a portable lift.

(e) A dedicated patient dining area in accordance with §520.115(c) of this division (relating to In-Hospital Skilled Nursing Patient Care Unit) shall be provided and comply with the following requirements.

(1) A comprehensive medical rehabilitation unit dining area shall provide at least a combined floor area of 50 square feet per licensed bed or a 150 square feet area excluding corridors, whichever is greater.

(2) A hand-washing station shall be provided in every dining area in accordance with §520.67 of this chapter (relating to Hand-Washing Station). The hand-washing stations shall be handicapped accessible and shall meet §520.20 of this chapter.

(3) Equipment and supply storage shall be provided for recreational equipment and supplies.

(f) A daily living teaching area in accordance with §520.132(c)(3) of this subchapter (relating to Rehabilitation Therapy Unit) shall be provided. Where a rehabilitation therapy patient unit is provided in accordance with §520.132 of this subchapter, the daily activity living space shall be permitted to be combined. Daily activity living space shall be permitted to be shared with other comprehensive medical rehabilitation patient care units where located on the same floor.

(g) Support areas for the rehabilitation patient care unit shall be provided in accordance with §520.102(f) of this division.

(h) Support areas for staff shall be provided in accordance with §520.102(f)(14) of this division.

§520.117. Bariatric Patient Care Unit.

(a) Where bariatric services are offered to inpatients, a bariatric patient room shall be provided in accordance with §520.46 of this chapter (relating to Patients of Size), the requirements of the patient care unit where the bedroom is located, and the requirements in this section, unless noted in other facility-specific subchapters in this chapter (the most restrictive requirement shall apply) as follows:

(1) Subchapter C, Specific Requirements for General and Special Hospitals;

(2) Subchapter D, Specific Requirements for Private Psychiatric Hospitals;

(3) Subchapter E, Specific Requirements for Crisis Stabilization Units;

(4) Subchapter F, Specific Requirements for Ambulatory Surgical Centers;

(5) Subchapter G, Specific Requirements for Freestanding Emergency Medical Care Facilities,

(6) Subchapter I, Specific Requirements for End Stage Renal Disease Facilities;

(7) Subchapter J, Specific Requirements for Home Training Only End Stage Renal Disease Facilities; or

(8) Subchapter L, Specific Requirements for Mobile/Transportable Units).

(b) Patient care bedrooms designated for care of patients who weigh 600 pounds or more shall be provided with a lift system (e.g., a ceiling- or wall-mounted system) that can be used to transfer the patient from bed to toilet and is rated to accommodate the maximum patient weight per governing body policy.

(c) Where an airborne infection isolation (AII) room for patients of size is provided, it shall meet the requirements in §520.46 of this chapter and §520.41 of this chapter (relating to Airborne Infection Isolation Room). The number of additional AII rooms for patients of size shall be determined by the governing body.

(d) Space requirements are provided in §520.202 of this chapter (relating to Patient Care Unit). Refer to definitions for “clearance,” “clear dimension,” and “clear floor area” in §520.2 of this chapter (relating to Definitions). The following minimum clearances shall be provided:

(1) at the foot of the patient bed: five feet;

(2) on the non-transfer side of the bed: five feet 6 inches from the edge of the expanded-capacity patient bed; and

(3) on the transfer side of the bed, a rectangular clear floor area parallel to the bed shall provide these dimensions:

(A) in bedrooms with ceiling- or wall-mounted lifts, a 10 feet six inches clearance in length, shall be provided, measured beginning two feet from the headwall. A minimum five feet six inches clearance shall be provided, measured from the edge of the expanded-capacity patient bed; or

(B) in bedrooms without ceiling or wall-mounted lifts where mobile lifts will be used, a 10 feet six inches clearance in length, shall be provided, measured beginning two feet from the headwall. A seven foot clearance shall be provided, measured from the edge of the expanded-capacity patient bed.

(e) Hand-washing stations in a room designated for use by patients of size shall meet the requirements in §520.67 of this chapter (relating to Hand-Washing Station). The downward static force required for hand-washing stations designated for patients of size shall accommodate the maximum patient weight of the patient population.

(f) Patient toilet room shall be provided in accordance with §520.76 of this chapter (relating to Patient Toilet Room).

(1) Where an expanded-capacity toilet is used, it shall be mounted at least three feet from the finished wall to the centerline of the toilet on both sides where a ceiling-based or floor-based lift is provided for care giver assistance.

(2) Where a regular toilet is used, the toilet shall be mounted a least 44 inches from the finished wall to the centerline of the toilet on both sides to allow for positioning of an expanded-capacity commode over the toilet when the weight capacity of the existing toilet will not accommodate the patient weight.

(3) A rectangular clear floor area that is 46 inches wide shall extend 72 inches from the front of the toilet.

(4) The patient toilet room shall also follow the requirements provided in §520.172(e) of this subchapter (relating to Architectural Details).

(g) Patient bathing room shall be provided in accordance with §520.76 of this chapter.

(1) Shower stalls shall be a minimum of four feet by six feet.

(2) Showers shall be equipped with grab bars which support 800lbs.

(3) Showers shall be provided with handheld spray nozzles mounted on a side wall.

§520.118. Palliative Patient Care Unit.

(a) Where palliative services are offered to inpatients, a palliative patient care bedroom or unit shall be provided in accordance with §520.102 of this division (relating to Medical/Surgical Patient Care Unit).

(b) The bed shall be licensed as a medical/surgical bed.

(c) The palliative patient care bedroom may be either in a palliative care bedroom or grouped together as a separate palliative patient care unit. Other locations shall be approved in writing by the Texas Health and Human Services Commission Architectural Review Unit.

(d) The maximum capacity of a patient bedroom for palliative care shall be one bed. The single-occupant bedroom shall provide a minimum 300 square feet clear floor area with a minimum 13 foot headwall length and a minimum clearance of four foot on the transfer side, three foot on the non-transfer side, and three foot at the foot of the bed. Refer to definitions for “clearance,” “clear dimension,” and “clear floor area” provided in §520.2 of this chapter (relating to Definitions). Where minor renovation work is undertaken, the built environment shall be permitted to meet the sections under which any initial construction, addition, or renovation was built. Refer to §520.14(c) of this chapter (relating to Exceptions).

(e) A care giver shall be permitted to sleep in the patient bedroom or in a caregiver room where it is directly accessible and provides a communication link with the palliative patient care room. Each caregiver room shall provide access to a bathroom in accordance with §520.102(c) of this division, however the bed-pan washer may be omitted.

(f) A grieving room for meditation and respite shall be provided on the same floor of the palliative patient care room or unit and within 150 feet travel distance from the unit's main entrance.

(g) Where a palliative care patient care unit is provided that is not part of a medical/surgical patient care unit, the support areas shall be provided in accordance with §520.102(f) of this division.

(h) Support areas for staff shall be provided in accordance with §520.102(f)(14) of this division.

§520.119. Metaiodobenzylguanidine (MIBG) Patient Care Unit.

(a) Where iodine I-131 metaiodobenzylguanidine (MIBG) therapy services are offered to inpatients, a MIBG patient care bedroom or unit shall be provided in accordance with §520.41 of this chapter (relating to Airborne Infection Isolation Room), §520.102 of this division (relating to Medical/Surgical Patient Care Unit), and this section.

(b) The bed shall be licensed as a medical/surgical bed and the MIBG patient care bedroom shall comply with the following requirements.

(1) MIBG patient care bedroom may be either in a MIBG care bedroom or grouped together as a separate MIBG patient care unit. Other locations shall be approved in writing by the Texas Health and Human Services Commission Architectural Review Unit.

(2) All entries to the MIBG bedroom or unit shall be secured with controlled access.

(c) The maximum capacity of a MIBG patient bedroom shall be one bed. The single-occupant bedroom shall provide a minimum 200 square feet clear floor area with a minimum 13 foot headwall length and a minimum clearance of four foot on the transfer side, three foot on the non-transfer side, and three foot at the foot of the bed. Refer to definitions for “clearance,” “clear dimension,” and “clear floor area” provided in §520.2 of this chapter (relating to Definitions). Where minor renovation work is undertaken, the built environment shall be permitted to meet the sections under which any initial construction, addition, or renovation was built. Refer to §520.14(c) of this chapter (relating to Exceptions). The MIBG bedroom shall be equipped with or accommodate the following features.

(A) Patient privacy shall be provided in accordance with §520.101(e) of this division (relating to General).

(B) View panels in doors, and walls, or both in accordance with §520.172(c) of this subchapter (relating to Architectural Details) to allow observation from nursing staff shall be provided.

(C) Entertainment items may be located in the patient bedroom and their main consoles may be located outside the patient room.

(d) Anteroom in accordance with §520.41(f) of this chapter (relating to Airborne Infection Isolation Room) shall be provided.

(1) Appropriate disposal/holding container for used personal protective equipment (PPE) shall be provided in the anteroom. Once a container is full, it shall be examined by the medical physicist to determine proper action for disposal.

(2) Geiger counter shall be in the anteroom for use by staff and care giver when exiting the patient room.

(e) A dedicated storage area shall be provided and readily accessible to the MIBG patient room for patient supplies and additional radiation shields. These supplies shall be stored in the anteroom or in a separate room directly accessible to the anteroom.

(f) A dedicated decay room shall be provided and located adjacent to the MIBG patient room. The room shall be equipped with a stainless-steel work counter and a hand-washing station in accordance with §520.67 of this chapter (relating to Hand-Washing Station), with a stainless-steel sink. The decay room shall accommodate the volume of items used during treatment and any items that may encounter the patient. All radioactive materials shall be stored in appropriate containers in the decay room until they are safe for disposal and then discarded as part of the hospital’s disposal program.

(g) Where the MIBG program requires a person, other than medical staff, to care for the patient, a care giver room shall be provided and meet the requirements of this section.

(1) Direct visual observation between a care giver room and an MIBG patient bedroom shall be provided. Such observation shall provide a view of the patient’s upper body while the patient is lying in bed. Video cameras shall not substitute for direct visual observation but may be used as additional safety precautions. The MIBG bedroom shall be permitted to be used for patients not needing metaiodobenzylguanidine therapy services when not in use for patients needing metaiodobenzylguanidine therapy services; however, the view panel between the MIBG bedroom room and care giver room shall become opaque.

(2) Voice communication via an intercom shall be provided between the patient room and the care giver room.

(3) A care giver room shall have access to a bathroom in accordance with §520.102(c) of this division, however the bed-pan washer is not required.

(h) Support areas for the MIBG patient care unit shall be provided in accordance with §520.102(f) of this division.

TITLE 26 HEALTH AND HUMAN SERVICES

PART 1 HEALTH AND HUMAN SERVICES COMMISSION

CHAPTER 520 REQUIREMENTS FOR DESIGN, CONSTRUCTION, AND FIRE SAFETY IN HEALTH CARE FACILITIES

SUBCHAPTER C SPECIFIC REQUIREMENTS FOR GENERAL AND SPECIAL HOSPITALS

DIVISION 3 DIAGNOSTIC AND TREATMENT UNITS

§520.121. General.

(a) A hospital shall meet at minimum the following diagnostic and treatment provisions. Where other diagnostic and treatment units are provided, the sections of this division shall apply.

(b) Patient care diagnostic and treatment units shall meet the requirements for new construction in this chapter.

(c) Patient care units shall meet the requirements in this chapter for renovated construction and other types of modifications indicated in §520.12 of this chapter (relating to Additions, Renovations, and Alterations), or where an existing patient care unit or a portion thereof is converted to another type of patient care unit or licensed bed designation.

(d) Unrelated traffic of staff, the public, or other patients through a patient care unit shall be prohibited, except for emergency egress.

(e) Provisions shall be made to preserve a patient’s visual and speech privacy throughout the patient care process.

(1) Privacy provisions shall be provided from observation outside a patient care bedroom, patient treatment room, or each patient care station. Omission of these requirements shall apply for psychiatric patient care bedrooms and psychiatric observation units, however the route to the psychiatric units or care areas shall preserve the patient’s dignity.

(2) Cubicle curtains are required in multi-occupant patient bedrooms and multi-occupant treatment rooms. Exemption from this requirement is permitted where portable privacy screens are available at the neonatal intensive care unit (NICU) area, nurseries, hemodialysis in-center area, infusion area, rehabilitation therapy area, and as approved by the Texas Health and Human Services Commission Architectural Review Unit. Cubicle curtains in a psychiatric bedroom are prohibited.

(3) Where patient privacy is provided by or required by cubicle curtains, the curtains shall be installed before a final architectural inspection. They shall fully close to assure maximum privacy from casual observation by visitors and other patients.

(4) Waiting areas for patients on stretchers or in gowns shall be out of view of the public circulation system.

(f) Where accommodations for care of patients of size are provided, they shall meet the requirements in §520.46 of this chapter (relating to Patients of Size), unless noted in other facility-specific subchapters in this chapter as follows:

(1) Subchapter C, Specific Requirements for General and Special Hospitals;

(2) Subchapter D, Specific Requirements for Private Psychiatric Hospitals;

(3) Subchapter E, Specific Requirements for Crisis Stabilization Units;

(4) Subchapter F, Specific Requirements for Ambulatory Surgical Centers;

(5) Subchapter G, Specific Requirements for Freestanding Emergency Medical Care Facilities,

(6) Subchapter I, Specific Requirements for End Stage Renal Disease Facilities;

(7) Subchapter J, Specific Requirements for Home Training Only End Stage Renal Disease Facilities; or

(8) Subchapter L, Specific Requirements for Mobile/Transportable Units).

(g) Each type of patient care diagnostic or treatment room per patient care unit shall provide at minimum 10 percent handicapped accessible rooms and their associated toilet or bathroom.

(h) Building systems shall meet the requirements in Division 8 of this subchapter (relating to Building Systems).

(i) Fixed encroachments shall be in accordance with §520.14(b) of this chapter (relating to Exceptions).

(j) Electrical receptacle requirements are provided in §520.1207 of this chapter (relating to Electrical Receptacles for Patient Care Areas).

(k) Nurse call requirements are provided in §520.1208 of this chapter (relating to Locations for Nurse Call Devices for Patient Care Areas).

(l) Oxygen and vacuum requirements are provided in §520.1209 of this chapter (relating to Station Outlets for Oxygen, Vacuum, Medical Air, and Instrument Air Systems).

(m) Hot water use requirements are provided in §520.1210 of this chapter (relating to Hot Water Use).

(n) Requirements for architectural details are provided in §520.172 of this subchapter (relating to Architectural Details).

(o) Heating, ventilation, and air conditioning requirements are provided in ANSI/ASHRAE/ASHE 170: Ventilation of Health Care Facilities.

§520.122. Emergency Unit.

(a) Each licensed facility shall provide basic emergency care services in accordance with subsection (b) of this section for assessing the presenting condition, providing stabilization and treatment services, and transferring to a higher level of care when the emergency is beyond the licensed facility’s capabilities. Where organized emergency services are offered, this section shall apply.

(b) A basic Emergency Care Unit shall be provided and comply with the following requirements.

(1) Communication connections to local and other emergency medical service (EMS) systems shall be provided.

(2) A single-occupant emergency treatment room shall be provided in accordance with §520.45 of this chapter (relating to Examination Room or Emergency Unit Treatment Room). The room shall be equipped with full cardiac monitoring.

(3) Patient toilet room shall be provided in accordance with §520.76 of this chapter (relating to Patient Toilet Room) and adjacent to the emergency treatment room. The patient toilet room shall be permitted to be combined with the lab’s specimen collection toilet room as provided in §520.141(b)(3) of this subchapter (relating to Laboratory Unit).

(4) Emergency equipment and supply storage shall be provided for medical emergency care, including supplies, medications, and equipment in or directly adjacent to the treatment room. Storage shall be located out of traffic and under staff control.

(c) General hospitals shall be required to provide an emergency unit and shall meet the requirements of this section. A special hospital shall be required to provide an emergency unit where more than basic emergency care services are offered and shall comply with this section.

(1) Emergency unit shall include subsection (b) of this section.

(2) An emergency unit in the licensed facility shall provide:

(A) an imaging unit in accordance with §520.129 of this division (relating to Imaging Unit); and

(B) laboratory unit in accordance with §520.141 of this subchapter.

(3) Public entrance to the emergency unit shall be provided in accordance with §520.36(e)(5)(C) of this chapter (relating to Parking and Loading).

(A) Where multiple emergency units are provided, each entrance shall meet §520.36(e)(5)(C) of this chapter. Omission of this requirement for satellite emergency units shall be permitted where the admittance of a patient begins at the main emergency unit’s reception.

(B) Functional narrative shall describe the admitting process where multiple emergency units are provided.

(4) Ambulance entrance to the emergency unit shall be provided in accordance with §520.36(e)(6) of this chapter.

(5) Emergency site sign shall be provided in accordance with §520.33(g) of this chapter (relating to Site Features).

(d) Patient care, diagnostic, and examination/treatment area rooms shall be provided in accordance with §520.45 of this chapter.

(e) At least one airborne infection isolation room (AII) room shall be provided in accordance with §520.41 of this chapter (relating to Airborne Infection Isolation Room). The need for additional AII rooms or for protective environment rooms as indicated in §520.102(d)(1) of this subchapter (relating to Medical/Surgical Patient Care Unit) shall be determined by the governing body.

(1) AII rooms shall be visible from a nurse station with a direct line of sight. Video cameras shall be prohibited as a substitution for direct visual observation but are permitted as additional safety precautions.

(2) Space requirements are provided in §520.202 of this chapter (relating to Patient Care Unit). Definitions for “clearance,” “clear dimension,” and “clear floor area” are provided in §520.2 of this chapter (relating to Definitions).

(A) Single-occupant room shall provide a minimum 120 square feet clear floor area with a minimum 10 foot headwall length.

(B) Where renovation work is undertaken and it is not possible to meet the minimum space requirements in §520.45(d) of this chapter, a single-occupant patient treatment room shall be permitted to provide a minimum 100 square feet clear floor area with a minimum eight foot headwall, with the Texas Health and Human Services Commission Architectural Review Unit’s approval.

(f) Patient of size treatment room shall be provided in accordance with §520.46(b) and §520.46(i) of this chapter (relating to Patients of Size), §520.45 of this chapter, and the requirements of this section.

(1) At least one patient of size treatment room shall be provided in the emergency unit.

(2) The following minimum clearances shall be provided around the expanded-capacity exam table for either a single-occupant patient examination room or a multiple-occupant patient examination room.

(A) The treatment room shall be five feet on the non-transfer side.

(B) The treatment room shall be five feet at the foot of the bed, and on the transfer side either:

(i) five feet six inches from the edge of the expanded-capacity table where a ceiling- or wall-mounted lift is provided; or

(ii) seven feet from the edge of the expanded-capacity table in a room without a ceiling- or wall-mounted lift.

(3) When the room is not used for a patient of size, it shall be permitted to be subdivided with cubicle curtains or movable partitions to accommodate two patients where each resulting bay or cubicle meets the following requirements.

(A) Clearance requirements for patient care stations shall be provided in accordance with §520.45(c) of this chapter.

(B) Direct access to a hand-washing station from each patient care station.

(C) Electrical and medical gas requirements shall be provided for two patients.

(g) Where minor emergency care, such as quick care or urgent care services are provided in the emergency unit, a fast-track unit shall be provided in accordance with §520.45 of this chapter and this section.

(1) A single-occupant fast-track patient examination room shall provide a minimum 80 square feet clear floor area with a minimum two feet eight inches at each side and at the foot of the gurney or recliner.

(2) A multiple-occupant fast-track patient examination room shall provide a minimum clearance of two foot eight inches between the side of a gurney or recliner and the adjacent walls or partitions, and two foot eight inches between the sides of adjacent gurneys or recliners, and two foot between the foot of an gurney or recliner and the cubicle curtain. A minimum corridor clearance of five foot outside of the cubicle curtains or other fixed object shall be provided to allow a clear unobstructed passage for beds, equipment, wheelchairs, staff, patients, and visitors.

(3) Where a waiting area for the fast-track area is provided, it shall be equipped with at least two chairs per each fast-track patient examination room. This waiting area shall not be required to meet the ventilation of an emergency waiting room where its patients are registered at the main emergency unit’s receptionist area.

(4) Where a waiting room area for the fast-track area is provided, it shall be equipped with at least two chairs per each fast-track examination/treatment room. This waiting area shall not be required to meet the ventilation of an emergency waiting room where the patient registration process begins at the main emergency unit’s receptionist.

(5) A patient toilet room shall be provided in accordance with §520.76 of this chapter (relating to Patient Toilet Room).

(A) A patient toilet room shall be provided at a ratio of one patient toilet room for each six fast-track examination stations or rooms or fewer and for each major fraction thereof.

(B) At least one patient toilet room shall be handicapped accessible and shall meet §520.20 of this chapter (relating to Design Standards for Accessibility).

(h) Where a human decontamination room is provided to wash down hazardous chemicals from a contaminated patient, it shall meet the requirements in this subsection.

(1) The human decontamination room shall provide a separate, dedicated, and secured external entrance door located as far as practical, but no less than 10 feet from the closest other entrance.

(2) The internal door of the human decontamination room shall be directly accessible to a corridor inside the emergency unit or directly accessible to the emergency unit treatment room. The internal door shall swing into the human decontamination room and shall be lockable against ingress from the corridor or treatment room.

(3) The human decontamination room space requirements shall provide a minimum 80 square feet clear floor area with minimum eight foot clear dimensions.

(4) The human decontamination room shall be equipped with or accommodate the following features.

(A) Two hand-held shower heads with temperature controls shall be provided.

(B) A floor drain shall be provided. Where the authority having jurisdiction (AHJ) requires a dedicated holding tank, the floor drain shall empty into the dedicated holding tank. Where a dedicated holding tank is not provided, the facility's functional program shall explain why the local AHJ did not require it.

(C) A hand-washing station shall be provided in accordance with §520.67 of this chapter (relating to Hand-Washing Station).

(D) The HVAC system shall be suitable for a room with an external door and very high relative humidity.

(i) Where short-term observation and assessment of a patient's condition deems the patient's condition inappropriate for the emergency unit's standard of care and requires the patient to be separated from other patients a secure holding room shall be provided in accordance with §520.50 of this chapter (relating to Secure Holding Room). The secure holding and examination/treatment room may be combined where the requirements of this section and the requirements of §520.144 of this subchapter (relating to Sterile Processing Unit) for a single-occupant room apply.

(j) Where sexual assault forensic examination services are provided, a single-occupant treatment room shall be provided in accordance with §520.144 of this subchapter and comply with the following requirements.

(1) The sexual assault forensic examination room shall be equipped with or accommodate the following features.

(A) A pelvic examination bed/table shall be provided.

(B) Lockable storage areas for forensic collection kits, laboratory supplies, and equipment shall be provided.

(C) A patient bathroom directly accessible to a patient bedroom without having to enter a corridor shall be provided and shall serve only one patient bedroom. The patient bathroom shall be equipped with a toilet, a hand-washing station in accordance with §520.67 of this chapter, a bedpan-rinsing device in accordance with §520.184(j)(9) of this subchapter (relating to Plumbing Systems), and a shower or tub in accordance with §520.184(j)(10) of this subchapter. Storage for soap and towels shall be provided. Space for drying and dressing shall be provided. Robe hook, shelf for clothing, or at least a one foot wide countertop shall be provided to hold clothing while bathing.

(2) A consultation room shall be provided in accordance with §520.43 of this chapter (relating to Consultation Room) and comply with the following requirements.

(A) The consultation room shall be used for family, support services, and law enforcement.

(B) The consultation room shall be readily accessible to the sexual assault forensic examination room.

(k) Where trauma services for an emergency procedure are provided, a trauma room shall be provided and comply with the following requirements.

(1) The trauma room shall be within 50 feet travel distance from the ambulance entrance.

(2) Space requirements are provided in §520.101(l) of this subchapter (relating to General). Definitions for “clearance,” “clear dimension,” and “clear floor area” are provided in §520.2 of this chapter (relating to Definitions).

(A) A single-occupant patient trauma and resuscitation room shall provide a minimum 250 square feet clear floor area with minimum 12 foot clear dimensions.

(B) A multiple-occupant patient trauma and resuscitation room shall provide a minimum 200 square feet clear floor area per patient treatment station with minimum 12 foot clear dimensions per patient treatment station.

(3) The following minimum clearances shall be provided.

(A) A single-occupant patient trauma and resuscitation room shall provide five feet around all sides of the gurney.

(B) Multiple-occupant patient trauma/resuscitation room shall provide five feet between the side of patient gurney and adjacent walls/partitions, and 10 feet between the sides of adjacent patient gurney. Where gurney face each other, a minimum corridor clearance of five feet shall be provided from the foot of a bed or other fixed object to allow a clear unobstructed passage for gurneys, equipment, and medical staff.

(4) This room shall be equipped with or accommodate the following features.

(A) Accommodations for written or electronic documentation for both the licensed independent practitioner and other staff.

(B) Hand scrub sink shall be provided in accordance with §520.66 of this chapter (relating to Hand Scrub Sink).

(C) Space for storage of supplies and personal protective equipment.

(D) Space for a cardiopulmonary resuscitation code cart.

(E) Picture archiving and communication system, film illuminators, or other systems to allow viewing of images and films in the room.

(F) Examination light shall be provided in accordance with §520.183(i)(5)(C) of this subchapter (relating to Electrical Systems) and shall be permanently mounted to the ceiling.

(G) Physiological monitoring equipment.

(H) Doorways leading from the ambulance entrance to the trauma room shall provide a minimum clear width of 72 inches and a minimum height of 83.5 inches.

(l) Where a triage area is provided, it shall meet the requirements in this subsection.

(1) The triage area shall be adjacent to the reception area and immediately accessible to the ambulance entrance.

(2) Patient privacy shall be provided in accordance with §520.101(e) of this subchapter.

(3) A hand-washing station in accordance with §520.67 of this chapter shall be provided.

(4) A hand sanitation station shall be provided for each triage bay or cubicle.

(5) A panic button shall be provided.

(6) A patient toilet room located adjacent to the triage unit shall be provided in accordance with §520.76 of this chapter.

(m) The support areas for emergency unit required in this subsection shall be provided in accordance with Subchapter B, Division 3 of this chapter (relating to Support Areas for Patient Care Areas) and the following requirements.

(1) A dedicated nurse station located in the emergency unit shall be provided in accordance with §520.62 of this chapter (relating to Nurse Station).

(A) A panic button shall be provided at the main emergency unit’s nurse station for security emergencies.

(B) Decentralized nurse stations near a cluster of treatment rooms shall be permitted.

(C) Visual observation of all traffic into the emergency unit and each patient care room’s doors shall be provided from the nurse station at the main emergency unit. Video cameras may substitute for visual observation.

(2) A documentation area in accordance with §520.63 of this chapter (relating to Documentation Area) shall be provided.

(3) A hand-washing station in accordance with §520.67 of this chapter (shall be provided.

(4) A medication safety zone in accordance with §520.68 of this chapter (relating to Medication Safety Zone) shall be provided.

(5) Where a nourishment area or room is provided, it shall be in accordance with §520.69 of this chapter (relating to Nourishment Area or Room). A nourishment area or room may be shared with other patient care units or other patient treatment areas where it is on the same floor as the patient care treatment station it serves and within 75 feet travel distance from the farthest patient care treatment station.

(6) Ice-making equipment in accordance with §520.70 of this chapter (relating to Ice-Making Equipment) shall be provided. Ice-making equipment is not required where emergency ice packs for therapeutic treatment are used and ice-making equipment is located elsewhere in the licensed facility. Ice-making equipment shall be permitted to be shared with other patient care units or diagnostic units where it is on the same floor as the patient care treatment station it serves and within 75 feet travel distance from the farthest patient care treatment station.

(7) A clean workroom or clean supply room shall be provided in accordance with §520.71 of this chapter (relating to Clean Workroom or Clean Supply Room). A Clean workroom or clean supply room may be shared with other patient care units or other patient treatment areas where it is on the same floor as the patient care treatment station it serves and within 75 feet travel distance from the farthest patient care treatment station.

(8) A soiled workroom shall be provided in accordance with §520.72 of this chapter (relating to Soiled Workroom or Soiled Holding Room). A soiled holding room shall not substitute for the soiled workroom.

(9) Equipment and supply storage in accordance with §520.73 of this chapter (relating to Equipment Storage) shall be provided.

(A) Equipment and supply storage rooms or alcoves shall be permitted to be shared with other patient care units or patient treatment units where it is on the same floor as the patient care unit it serves and within 75 feet travel distance from the farthest patient treatment station.

(B) Wheelchair and one gurney parking space shall be provided for arriving patients. The parking space shall access to emergency entrances and shall be located out of traffic.

(10) Environmental services room shall be provided in accordance with §520.74 of this chapter (relating to Environmental Services Room).

(11) Where a security station is provided, it shall be located near the emergency entrances and triage/reception area. It shall provide observation of the public waiting areas and emergency unit entrances, including pedestrian and ambulance entrances. It shall be permitted to control access.

(12) Where an EMS base station is provided, a room shall be provided to reduce noise, distractions, and interruptions during radio transmissions.

(n) Support areas for staff shall be provided in accordance with Subchapter B, Division 4 of this chapter (relating to Support Areas for Staff).

(1) Staff lounge shall be provided in accordance with §520.81 of this chapter (relating to Staff Lounge) and shall be immediately accessible to the emergency unit.

(2) Staff toilet room shall be provided in the emergency unit in accordance with §520.82 of this chapter (relating to Staff Toilet Room). Where fewer than 10 patient care rooms are provided in the emergency unit, the staff toilet may be immediately accessible to the emergency unit.

(o) A waiting area for visitors shall be provided in accordance with §520.162(d)(4) of this subchapter (relating to Public Areas) and comply with the following requirements.

(1) Emergency unit’s main waiting room shall provide at least five waiting room chairs or one and a half chairs per each emergency unit’s patient treatment room, whichever is greater. Imaging rooms are not required to be counted as a patient treatment room for the waiting room capacity count. Where satellite emergency units are provided, each emergency unit shall meet the requirements of this subsection. The waiting room shall provide the following provisions and shall be permitted to be shared with other areas of the licensed facility where the following are located on the same floor and within 50 feet travel distance of the main waiting room.

(A) Drinking water shall be provided in accordance with §520.162(g) of this subchapter.

(B) Provisions for telephone access.

(2) The main waiting room shall be designed and ventilated to reduce the exposure of staff, patients, and families to airborne infectious diseases and shall meet ANSI/ASHRAE/ASHE 170: Ventilation of Health Care Facilities. A satellite waiting area or room where a patient has already been triaged or assessed does not have to comply with this requirement.

(3) Where a dedicated pediatric emergency unit is provided, a playroom or play area in an emergency unit waiting area shall be provided.

(4) Public toilet room shall be provided in accordance with §520.162(e) of this subchapter. Public toilet room shall be provided on the same floor as the emergency waiting room and within 25 feet travel distance from the emergency unit’s waiting area.

(5) Reception area at the emergency unit shall provide controlled access. Emergency unit’s reception/check in area shall be in the emergency waiting room. Where satellite emergency units are provided, each unit shall meet the requirements of this subsection.

(A) Main emergency unit’s reception area shall be provided near both pedestrian and vehicular drop-off entrances, except at satellite emergency units. It shall have a full view of the principal approach and entrance to the emergency unit to allow personnel to monitor the entrances and public waiting area. Video cameras shall be permitted as a substitution for visual observation. Omissions of this requirement shall be permitted at satellite emergency units.

(B) Public main emergency unit's reception area shall have direct observation of the public access points to the treatment area.

(C) Panic button shall be provided at the reception area for security emergencies.

§520.123. Observation Patient Unit (Clinical Decision Unit).

(a) Where observation services are offered to emergency patients, such as a clinical decision unit (CDU) an observation patient room or CDU shall be provided and shall meet the requirements of this section in accordance with §520.124 of this division (relating to Behavioral Health Observation Patient Unit).

(b) A CDU patient care station shall provide a hospital type bed. A gurney, stretcher, or recliner shall be prohibited in the CDU. The CDU shall be either in the emergency unit, at a contiguous identifiable location of the end of a patient care unit, or the location shall be approved by the Texas Health and Human Services Commission Architectural Review Unit.

(c) Where minor renovation work is undertaken in a CDU, it shall meet the sections under which any initial construction, addition, or renovation was built in accordance with §520.14(c) of this chapter (relating to Exceptions).

(1) Space requirements are provided in §520.121 of this division (relating to General). Definitions for “clearance,” “clear dimension,” and “clear floor area” are provided in §520.2 of this chapter (relating to Definitions).

(A) Single-occupant bedroom shall provide a minimum 100 square feet clear floor area with a minimum nine foot headwall length.

(B) Multiple-occupant bedroom shall provide a minimum 90 square feet clear floor area per bed with a minimum eight foot headwall length per bed.

(2) The following minimum clearances for a bedroom in a CDU build environment shall be provided.

(A) For a single-occupant bedroom, three feet on the transfer side, three feet on the non-transfer side, and three feet at the foot of the bed.

(B) For a multi-occupant room, five feet between the side of a patient bed and adjacent walls/partitions, and three feet between the side of an adjacent patient bed. Where beds face each other, a minimum corridor clearance of five foot shall be provided from the foot of a bed or other fixed object to allow a clear unobstructed passage for beds, equipment, wheelchairs, staff, patients, and visitors.

(3) Patient privacy shall be provided in accordance with §520.101(e) of this subchapter (relating to General).

(4) Hand-washing station shall be provided in the patient room in accordance with §520.67 of this chapter (relating to Hand-Washing Station).

(A) Hand-washing station shall be located at or adjacent to the entrance of the patient room with unobstructed access for use by medical staff and others entering and leaving the room. At a multi-occupant bedroom, the hand-washing station shall be outside of the patient’s cubicle curtain.

(B) Where single-occupant rooms are provided, this sink is in addition to the sink required in a patient toilet room.

(d) Patient toilet room shall be provided in accordance with §520.76 of this chapter (relating to Patient Toilet Room).

(1) Toilet room shall be provided at a ratio of one patient toilet room for each six observation stations/rooms or fewer and for each major fraction thereof. Omission of this requirement shall be permitted where each CDU room is directly accessible to a toilet room. At least one toilet room shall be handicapped accessible and shall meet §520.20 of this chapter (relating to Design Standards for Accessibility), whichever is greater.

(2) Where observation room serves as an airborne infection isolation (AII) room, a dedicated patient bathroom shall be provided directly accessible to the AII room and shall only serve one AII room.

(e) Shower room shall be provided at a ratio of one patient shower room for each eight observation stations/rooms or fewer and for each major fraction thereof. Omission of this requirement shall be permitted where each CDU room is directly accessible to a bathroom. At least one shower room shall be handicapped accessible and shall meet §520.20 of this chapter, whichever is greater.

(f) The support areas for an observation unit/CDU required in this subsection shall be provided in each CDU in accordance with Subchapter B, Division 3 of this chapter (relating to Support Areas for Patient Care Areas).

(1) Nurse station shall be provided in accordance with §520.62 of this chapter (relating to Nurse Station).

(A) Nurse station shall be provided in the CDU or shall be permitted to be shared with other patient care units or other patient treatment areas where the nurse station is immediately accessible.

(B) A nurse station shall be positioned to allow staff to observe each patient care station or observation room entrance. Cameras shall be permitted as a substitute.

(2) A hand-washing station shall be provided in accordance with §520.67 of this chapter (relating to Hand-Washing Station).

(3) A medication safety zone shall be provided in accordance with §520.68 of this chapter (relating to Medication Safety Zone). Medication safety zone shall be permitted to be shared with other patient care units or other patient treatment areas where it is on the same floor as the patient CDU it serves and within 75 feet travel distance from the farthest CDU bay or room.

(4) A nourishment area or room shall be provided in accordance with §520.69 of this chapter (relating to Nourishment Area or Room). Nourishment area or room shall be permitted to be shared with other patient care units or other patient treatment areas where it is on the same floor as the patient CDU it serves and within 75 feet travel distance from the farthest CDU bay or room.

(5) A clean workroom or clean supply room shall be provided in accordance with §520.71 of this chapter (relating to Clean Workroom or Clean Supply Room). Clean workroom or clean supply room shall be permitted to be shared with other patient care units or patient treatment units where it is on the same floor as the patient CDU it serves and within 75 feet travel distance from the farthest CDU bay or room.

(6) A soiled workroom or soiled holding room shall be provided in accordance with §520.72 of this chapter (relating to Soiled Workroom or Soiled Holding Room). Soiled workroom or soiled holding room shall be permitted to be shared with other patient care units or patient treatment units where it is on the same floor as the patient CDU it serves and within 75 feet travel distance from the farthest CDU bay or room.

(7) Emergency equipment storage area shall be provided in accordance with §520.73(c)(6) of this chapter (relating to Emergency Storage). Equipment and supply storage, other than emergency equipment, shall be permitted to be shared with other patient care units or patient treatment units where it is on the same floor as the patient CDU it serves and within 75 feet travel distance from the farthest CDU bay or room.

(8) A dedicated environmental services room shall be in the unit and provided in accordance with §520.74 of this chapter (relating to Environmental Services Room). Omission of these requirements shall be permitted where the CDU is directly adjacent to the emergency unit.

(9) An examination room shall be provided in accordance with §520.45 of this chapter (relating to Examination Room or Emergency Unit Treatment Room). This examination room is not required where the CDU is directly adjacent to the emergency unit or where all patient care stations are single-occupant observation patient rooms.

(g) A staff toilet shall be provided in accordance with §520.82 of this chapter (relating to Staff Toilet Room) and shall be located in or readily accessible to the CDU.

§520.124. Behavioral Health Observation Patient Unit.

(a) Where short-term holding and observation services are offered to psychiatric or behavioral health patients, a behavioral health observation patient unit shall be provided and shall meet the requirements of this section.

(b) Patient holding areas, including single-occupant rooms, or any other areas where psychiatric patients are treated shall be in accordance with §520.178 of this subchapter (relating to Psychiatric Finishes and Furnishings). Access shall be prohibited to a sink in a single-occupant room, except for its toilet room or bathroom.

(1) The unit shall be permitted to be located adjacent to the emergency unit or located at the end of an occupied or unoccupied wing for a patient care unit wing, or at a location approved by the Texas Health and Human Services Commission Architectural Review Unit.

(2) The unit shall be physically separated from other hospital units. All entries to the unit shall be secured with controlled access.

(c) A behavioral health observation unit shall provide no more than 16 patient care stations or patient rooms in the licensed facility.

(1) Where pediatric patients are observed or waiting for transfer, at least one single-occupant room shall be provided in accordance with §520.101(m) of this subchapter (relating to General).

(2) Where minor renovation work is undertaken, the built environment shall be permitted to meet the sections under which any initial construction, addition, or renovation was built in accordance with §520.14(c) of this chapter (relating to Exceptions).

(A) Requirements are provided in §520.202 of this chapter (relating to Patient Care Unit). Definitions for “clearance,” “clear dimension,” and “clear floor area” are provided in §520.2 of this chapter (relating to Definitions).

(i) Single-occupant room shall provide a minimum 100 square feet clear floor area with a minimum nine foot headwall length.

(ii) Multiple-occupant room shall provide a minimum 80 square feet clear floor area per bed with a minimum eight foot headwall length per bed.

(B) The following minimum clearances shall be provided.

(i) Single-occupant room shall have three feet at the foot of the bed and turning space for a wheelchair.

(ii) Multiple-occupant room shall have two feet between the side of a bed/recliner and adjacent walls/partitions, and four feet between the sides of adjacent bed/recliners. Where bed/recliners face each other, a minimum corridor clearance of five feet shall be provided from the foot of a bed or other fixed objects to allow a clear unobstructed passage for wheelchairs, staff, and patients.

(d) Secure holding room shall be provided in accordance with §520.50 of this chapter (relating to Secure Holding Room). The secure holding room is not required where an emergency unit has at least one secure holding room and where the secure holding room is directly adjacent to behavioral health observation unit and within 30 feet travel distance from the unit’s entrance.

(e) Patient toilet room shall be provided in accordance with §520.76 of this chapter (relating to Patient Toilet Room).

(1) Each patient shall have access to a toilet room without having to enter a public corridor, either directly accessible from patient bedrooms or directly accessible from a multiple-occupant patient suite, where the suite meets NFPA 101.

(2) In a multiple-occupant patient room, a patient toilet room shall be provided at a ratio of one patient toilet room for each six behavioral health observation patient care stations or fewer and for each major fraction thereof. At least one patient toilet room shall be handicapped accessible and shall meet §520.20 of this chapter (relating to Design Standards for Accessibility), whichever is greater.

(f) Shower room shall be provided in accordance with §520.114(e) of this subchapter (relating to Psychiatric (Mental Health/Behavioral Health) Patient Care Unit).

(1) Each patient shall have access to a shower room without having to enter a public corridor, either directly from a patient room or directly from a multiple-occupant behavioral health observation patient room.

(2) In a multiple-occupant behavioral health observation patient room, a patient shower room shall be provided at a ratio of one patient shower room for each eight psychiatric patient care stations or fewer and for each major fraction thereof. At least one patient shower room shall be handicapped accessible.

(3) Shower room shall be permitted to be combined with the patient toilet room, however, in a multiple-occupant patient room at least one shower room shall be separate from the patient toilet room.

(g) A behavioral health observation patient unit's support areas shall comply with the following requirements.

(1) A nurse station shall be provided in accordance with §520.62 of this chapter (relating to Nurse Station) and comply with the following requirements.

(A) Nurse station shall be in the observation unit for the exclusive use of the unit.

(B) A nurse station positioned to allow staff to observe each patient care station or room. Where a single-occupant patient observation room is provided, the means for visual observation of patient care unit corridors shall be permitted via electronic surveillance.

(C) At least one hand-washing station shall be provided in, next to, or directly accessible to the nurse station. The hand-washing station may be combined with the medication safety zone.

(2) A medication safety zone shall be provided in accordance with §520.68 of this chapter (relating to Medication Safety Zone). The medication safety zone shall be located in the unit or may be combined with the emergency unit where it is directly adjacent to behavioral health observation unit and within 30 feet travel distance from the unit’s entrance.

(3) A nourishment area or room shall be provided in accordance with §520.69 of this chapter (relating to Nourishment Area or Room). The nourishment area or room may be shared with other patient care units or patient treatment units where it is on the same floor as the patient care unit it serves and within 75 feet travel distance from the farthest patient care unit or patient treatment unit. Where the nourishment area or room is located in the behavioral health observation unit, it shall be in a secured room.

(4) A clean supply room shall be provided in accordance with §520.71 of this chapter (relating to Clean Workroom or Clean Supply Room). The clean supply room may be shared with other patient care units or patient treatment units where it is on the same floor as the patient care unit it serves and within 75 feet travel distance from the farthest patient care unit or patient treatment unit. Clean supply cabinets may substitute for a clean supply room.

(5) A soiled holding room shall be provided in accordance with §520.72 of this chapter (relating to Soiled Workroom or Soiled Holding Room). The soiled holding room may be shared with other patient care units or patient treatment units where it is on the same floor as the patient care unit it serves and within 30 feet travel distance from the farthest patient care unit or patient treatment unit, unless required in other sections of this chapter.

(6) Equipment and supply storage shall be provided in accordance with §520.73 of this chapter (relating to Equipment Storage). The equipment and supply storage shall be located in the unit or may be combined with the emergency unit where the storage is directly adjacent to the mental health observation unit.

(7) An environmental services room shall be provided in accordance with §520.74 of this chapter (relating to Environmental Services Room). The environmental services room shall be located in the unit or may be combined with the emergency unit where the environmental services room is directly adjacent to the mental health observation unit.

(8) An examination room shall be single-occupant and provided in accordance with §520.144 of this subchapter (relating to Sterile Processing Unit).The examination room shall be located in the unit or may be combined with the emergency unit where the examination room is directly adjacent to the mental health observation unit. This examination room is not required where all patient care stations are single-occupant patient rooms.

(9) A consultation room shall be provided in accordance §520.43 of this chapter (relating to Consultation Room). The consultation room shall be located in the unit and shall be exclusively for behavioral health patients to communicate with psychiatric professionals. The consultation room shall provide direct accessibility and visibility to the nurse station.

(h) The following staff support spaces shall be located in or readily accessible to the unit and may be shared with other patient care units or patient care diagnostic or treatment units.

(1) A staff lounge shall be provided in accordance with §520.81 of this chapter (relating to Staff Lounge).

(2) A staff toilet room shall be provided in accordance with §520.82 of this chapter (relating to Staff Toilet Room).

(i) The following public support spaces shall be provided and may be shared with other patient care units or patient care diagnostic or treatment units.

(1) A public waiting area shall be provided in accordance with 520.162(d)(4) of this subchapter (relating to Public Areas). The waiting area may be combined with other waiting areas where the public waiting area is on the same floor and within 75 feet travel distance from the mental health observation unit.

(2) A public toilet room shall be provided in accordance with §520.162(e) of this subchapter. The public toilet room may be combined with other public toilets if within 75 feet travel distance from the public waiting area.

§520.125. Procedure Unit.

(a) Where non-invasive procedural services are offered to inpatients or outpatients, a procedure unit shall be provided and shall meet the requirements of this section. Procedures may require a high-level of disinfection of the room, sterile instruments, and some environmental controls but do not require the environmental controls of an operating room since patient will not require physiological monitoring or anticipate life support. Endoscopy procedure requirements are provided in §520.126 of this division (relating to Endoscopy Procedure Unit). Electroconvulsive therapy procedure requirements are provided in §520.127 of this division (relating to Electroconvulsive Therapy Procedure Unit). Where a non-invasive procedure room is located in the surgical unit, §520.128 of this division (relating to Surgical Unit) shall apply, except the procedure room size may meet this section. Procedures that are defined as non-invasive per §520.2 of this chapter (relating to Definitions) may be performed in an invasive (operating) room.

(b) A procedure unit shall comply with the following requirements.

(1) A licensed facility's functional program shall note the types of procedures performed and if anesthetics will be administered in a procedure room. Where a licensed facility adds additional non-invasive procedures, a new functional program shall be submitted to the Texas Health and Human Services Commission Architectural Review Unit (ARU) for review. Modified or additional non-invasive procedures shall not be performed without ARU’s approval and may require physical plant revisions. Where ARU determines the modified or additional non-invasive procedure requires renovation to the physical plant, the licensed facility shall not perform the modified or additional non-invasive procedures until ARU issues a final architectural inspection approval form.

(2) Where a procedure room is used for multiple procedure types, the room shall meet the more stringent requirements.

(3) A procedure room shall be accessed either from a semi-restricted corridor of a surgical unit or from an unrestricted corridor, but not both corridors.

(4) Where a procedure requires a negative pressure environment, a procedure room with negative pressure shall be provided and identified with a sign. Procedures that require different pressure relationships shall not occur in the same procedure room. For example, a procedure room where bronchoscopies are performed requires negative pressure, and procedures that require neutral or positive pressurization shall not be performed in a negative pressurized room. A negative pressure procedure room shall provide a pressure alarm in accordance with §520.41(g) of this chapter (relating to Airborne Infection Isolation Room).

(5) A procedure room and its support spaces required by subsection (d) of this section shall be in one contiguous identifiable location or unit and any unrelated traffic is prohibited.

(6) Where sterile processing is provided in the procedure unit, it shall be in accordance with §520.144(a) of this subchapter (relating to Sterile Processing Unit).

(c) At least one procedure room shall be provided in a procedure unit and the procedure room shall comply with the following requirements.

(1) Space requirements are provided in §520.101(l) of this subchapter (relating to General). Definitions for “clearance,” “clear dimension,” and “clear floor area” are provided in §520.2 of this chapter (relating to Definitions).

(2) A procedure room where anesthetics are not administered shall provide a minimum 130 square feet clear floor area with minimum 10 foot clear dimensions. Where minor renovation work is undertaken, a procedure room may provide a minimum 120 square feet clear floor area with minimum 10 foot clear dimensions.

(3) A procedure room where anesthetics are administered using an anesthesia machine and supply cart shall provide a minimum 160 square feet clear floor area with minimum 12 foot clear dimensions.

(4) A procedure room that requires additional medical staff and large equipment shall be sized to accommodate the medical staff and equipment planned to be in the room during procedures, including any additional medical staff and equipment needed for emergency rescue. However, the room shall not be less than 160 square feet clear floor area with minimum 12 foot clear dimensions.

(5) The following minimum clearances shall be provided.

(A) Procedure room where anesthetics will not be administered shall be three feet square inches on each side and three feet at the head and foot.

(B) Procedure room with anesthesia machine and associated supply cart shall be three feet six inches on each side and three feet at the foot, and six feet at the head. On the outside edge of the anesthesia work zone, two feet by eight feet may serve as part of the circulation pathway.

(6) The procedure room shall be equipped with or accommodate the following features.

(A) A documentation area in accordance with §520.63 of this chapter (relating to Documentation Area) and located in the procedure room shall be provided. Where a built-in feature is provided for documentation, it shall allow for direct observation of the patient.

(B) A hand-washing station shall be provided in accordance with §520.67 of this chapter (relating to Hand-Washing Station). The sink shall be located inside the procedure room within five feet travel distance from the edge of the doorframe to the edge of the sink.

(C) A view panel shall be provided in accordance with §520.66(d) of this chapter (relating to Hand Scrub Sink). Where semi-restricted doors have a view panel or where there is a view into invasive room when the semi-restricted doors are opened, patient privacy shall be provided to prevent observation into an invasive room from those doors.

(d) The following dedicated support areas for a procedure room shall be provided and be accessible to the procedure room. Where a procedure room is located in the surgical unit, the support areas shall be provided in accordance with §520.128(e) of this division and may be combined.

(1) Where a clean workroom or clean supply room is provided, it shall be in accordance with §520.71 of this chapter (relating to Clean Workroom or Clean Supply Room).

(A) A procedure unit shall provide at least a combined floor area of 100 square feet or 50 square feet per procedure room for clean equipment and supply storage, whichever is greater.

(B) All clean equipment and supply storage areas shall be located out of the path of normal traffic, including the connecting corridor as described in §520.172(b)(1) of this subchapter (relating to Architectural Details). Where a procedure unit is constructed, renovated, or modified, the licensed facility's functional program shall indicate the square footage of each storage area in the semi-restricted area of the surgical unit.

(2) Where a soiled workroom or soiled holding room is provided, it shall be in accordance with §520.72 of this chapter (relating to Soiled Workroom or Soiled Holding Room).

(A) Where a soiled holding room is provided instead of a soiled workroom, other provisions for disposal of liquid waste shall be provided.

(B) The soiled workroom or soiled holding room may be shared with the pre- and post-procedure unit.

(3) Space for emergency resuscitation equipment and supplies shall be provided in accordance with §520.73(c)(5) of this chapter (relating to Equipment Storage).

(A) Emergency equipment may be located in the procedure room.

(B) At least one stretcher shall be provided in accordance with §520.73(e) of this chapter. Stretcher storage is not required where the unit has no more than one procedure room total in the procedure unit.

(4) Where an environmental services room is provided, it shall be in accordance with §520.74 of this chapter (relating to Environmental Services Room). The environmental services room may be shared with other patient treatment care units, unless indicated in other facility-specific subchapters in this chapter as follows:

(A) Subchapter C, Specific Requirements for General and Special Hospitals;

(B) Subchapter D, Specific Requirements for Private Psychiatric Hospitals;

(C) Subchapter E, Specific Requirements for Crisis Stabilization Units;

(D) Subchapter F, Specific Requirements for Ambulatory Surgical Centers;

(E) Subchapter G, Specific Requirements for Freestanding Emergency Medical Care Facilities;

(F) Subchapter I, Specific Requirements for End Stage Renal Disease Facilities;

(G) Subchapter J, Specific Requirements for Home Training Only End Stage Renal Disease Facilities; or

(H) Subchapter L, Specific Requirements for Mobile/Transportable Units).

(5) Pre- and postoperative patient care areas shall be provided in accordance with §520.47 of this chapter (relating to Pre- and Post-Procedure Patient Care and Phase II Recovery). Pre- and postoperative patient care areas may be shared with the surgical unit and imaging unit where the minimum number of patient stations is met for all procedure rooms, invasive rooms, and imaging holding rooms.

(e) Staff support areas shall be provided and comply with the following requirements.

(1) A staff lounge shall be provided in accordance with §520.81 of this chapter (relating to Staff Lounge) where more than two procedure rooms are provided. The staff lounge may be shared with other patient care units or patient care treatment units where the staff lounge is within 30 feet travel distance from the procedure unit.

(2) A staff toilet shall be provided.

§520.126. Endoscopy Procedure Unit.

(a) Where gastrointestinal and other endoscopy services, such as transthoracic echocardiogram (TTE), are offered, an endoscopy unit shall be provided and shall meet the requirements in §520.125(c) of this division (relating to Procedure Unit) and this section.

(b) An endoscopy procedure unit shall be divided into the following defined functional areas and the functional areas shall be physically separated from each other.

(1) Endoscopy procedure rooms.

(2) Endoscope processing rooms.

(3) Pre- and post-procedure patient care areas and, where provided, phase II recovery areas.

(c) Space requirements are provided in §520.121 of this division (relating to General). Definitions for “clearance,” “clear dimension,” and “clear floor area” are provided in §520.2 of this chapter (relating to Definitions).

(1) An endoscopy procedure room shall provide a minimum 180 square feet clear floor area with minimum 13-foot clear dimensions.

(2) A minimum clearance of five foot on each side and three foot six inches at the head and foot shall be provided. Where an anesthesia machine and associated supply cart are used, the clearance at the head shall be six foot. On the outside edge of the anesthesia work zone, two foot by eight foot may serve as part of the circulation pathway. The licensed facility's functional program shall indicate where an anesthesia machine and associated supply cart are used.

(d) Pre- and post-procedure patient care areas shall be provided in accordance with §520.47 (related to Pre- and Post-Procedure Patient Care and Phase II Recovery Unit).

(e) Where endoscope processing is conducted in an endoscopy unit, an endoscope processing room shall be provided in accordance with §520.144(a)(5) of this subchapter (relating to Sterile Processing Unit). An endoscope processing room is not required where the endoscopy is in the surgical unit; however, where provided, this subsection shall apply.

(1) Clean endoscope storage may be outside of the endoscope processing room where adjacent to the endoscopy procedure room.

(2) An endoscope processing room may serve multiple procedure rooms where it is readily accessible to the endoscopy procedure rooms.

(3) Entrance to the decontamination area of the endoscope processing room from an endoscopy procedure room is permitted.

(4) Exit from the clean work area of the endoscope processing room into the procedure room is permitted.

(f) Equipment and supply storage in an endoscopy procedure unit shall be provided in accordance with §520.73 of this chapter (relating to Equipment Storage) and comply with the following requirements.

(1) The endoscopy procedure unit shall provide at least a combined floor area of 100 square feet or 25 square feet per procedure room for clean equipment and supply storage, whichever is greater. All clean equipment and supply storage areas shall be located out of the path of normal traffic, including the connecting corridor described in §520.172(b)(1) of this subchapter (relating to Architectural Details). Where a procedure unit is constructed, renovated or modified, the licensed facility's functional program shall indicate the square footage of each storage area in the semi-restricted area of the surgical unit.

(2) The endoscopy procedure unit shall provide storage space for gurneys and wheelchairs as determined by the licensed facility's governing body.

(g) An environmental services room shall be provided in accordance with §520.74 of this chapter (relating to Environmental Services Room). This environmental services room shall be for the exclusively use of the procedure unit and shall be accessible to the unit.

(h) A human waste disposal room for fluid waste disposal in accordance with §520.106(d) of this subchapter (relating to Critical Care Unit) and located in the unit shall be provided.

§520.127. Electroconvulsive Therapy Procedure Unit.

(a) Where electroconvulsive therapy (ECT), transcranial magnetic stimulation (TMS), multisystemic therapy (MST), and other similar procedures are offered, the procedure unit shall meet the requirements of this section or may meet the requirements in §520.125(c) of this division (relating to Procedure Unit) or in §520.128(c) of this division (relating to Surgical Unit), except the ECT procedure room size may meet this section.

(b) Space requirements for an ECT procedure room are provided in §520.121 of this division (relating to General). Definitions for “clearance,” “clear dimension,” and “clear floor area” are provided in §520.2 of this chapter (relating to Definitions).

(1) A single-occupant procedure room shall provide a minimum 200 square feet clear floor area with minimum 14 clear dimensions.

(2) A multiple-occupant procedure room, including ones with bays or cubicles shall provide a minimum 200 square feet clear floor area per procedure station with a minimum 10 foot headwall length per procedure station.

(3) The procedure room shall be equipped with or accommodate the following features.

(A) A documentation area in accordance with §520.63 of this chapter (relating to Documentation Area) and located in the procedure room shall be provided. The documentation area shall be provided in the procedure room. Where a built-in feature is provided for documentation, it shall allow for direct observation of the patient.

(B) A hand-washing station shall be provided in accordance with §520.67 of this chapter (relating to Hand-Washing Station). The sink shall be within five feet travel distance from the edge of the doorframe.

(c) Support areas for an ECT procedure room shall comply with the following requirements.

(1) Pre- and post-treatment patient care areas shall be provided in accordance with §520.47 of this chapter (relating to Pre- and Post-Procedure Patient Care and Phase II Recovery Unit).

(A) The support areas required by subparagraph (B) of this paragraph are not required where only one ECT treatment station is provided.

(B) A minimum of two patient care stations for post-procedure recovery shall be provided where more than one ECT procedure station is provided. Pre-treatment stations shall be determined by the facility's governing body.

(2) A clean supply room or cabinets shall be provided in accordance with §520.71 of this chapter (relating to Clean Workroom or Clean Supply Room). The clean supply room may be combined with another patient care unit or patient care treatment unit where the travel distance is within 50 feet and on the same floor.

(3) A soiled holding room shall be provided in accordance with §520.72 of this chapter (relating to Soiled Workroom or Soiled Holding Room). The soiled holding room may be combined with another patient care unit or patient care treatment unit where the travel distance is within 50 feet and on the same floor.

(4) Space for emergency resuscitation equipment shall be provided in accordance with §520.73(c)(6) of this chapter (relating to Equipment Storage). Emergency equipment shall be located either in the procedure room or in the pre- and post-treatment patient care areas.

(5) A waiting area shall be provided in accordance with §520.75 of this chapter (relating to Outpatient Waiting Area).

(6) A patient toilet room shall be provided in accordance with §520.76 of this chapter (relating to Patient Toilet Room) and §520.178(l) of this subchapter (relating to Psychiatric Finishes and Furnishings).

(d) A staff toilet shall be provided in accordance with §520.82 of this chapter (relating to Staff Toilet Room). The room may be combined with another patient care unit or patient care treatment unit where the travel distance is within 50 feet and on the same floor.

§520.128. Surgical Unit.

(a) Where an invasive procedure, surgical service, or both is offered to inpatients, outpatients, or both, a licensed facility shall provide a surgical unit and the surgical unit shall meet the requirements of this section. This section shall apply to a room where an invasive procedure, as defined by §520.2(55) of this chapter (relating to Definitions), are performed. An invasive procedure shall be performed in a restricted room, which is accessed from a semi-restricted corridor. Where non-invasive procedure rooms are in the surgical unit, this section shall apply, except the procedure room size shall be provided in accordance with §520.125(c) of this division (relating to Procedure Unit).

(b) The unit shall facilitate movement of patients and medical staff into and through and out of the following defined functional areas and its unit. The unit shall be located and arranged to prevent unrelated traffic through those spaces. The following defined areas shall be physically separated from each other in accordance with §520.191(g) of this subchapter (relating to Elevators) for applications where a surgical unit is on multiple levels. Signs that clearly indicate where and what type of surgical attire is required shall be provided at all entrances to semi-restricted and restricted areas. Signs shall be installed before the Texas Health and Human Services Commission Architectural Review Unit (ARU) conducts a final architectural inspection. The following rooms define the functional areas.

(1) A restricted room is an invasive room, such as an operating room or catheterization laboratory. An invasive room shall be accessible only through a semi-restricted area. Medical staff in the restricted area shall wear surgical attire and cover head and facial hair. Masks shall be worn when the wearer is in the presence of open sterile supplies or of medical staff who are completing or have completed a surgical hand scrub. Only authorized personnel and patients accompanied by authorized medical staff shall be admitted to the restricted room.

(2) A semi-restricted area shall be the peripheral areas that support surgical services, including corridors leading from the unrestricted area to the restricted area; and entrances to staff changing areas per §520.84 of this chapter (relating to Staff Changing Unit). The semi-restricted area shall be entered directly from the unrestricted area pass a nurse station or a staff changing area. Medical staff in the semi-restricted area shall wear surgical attire and cover all head and facial hair. Access to the semi-restricted area shall be limited to authorized personnel and patients accompanied by authorized medical staff. The semi-restricted area shall be in one contiguous, identifiable location and contain the spaces and rooms listed in subsection (e) of this section per each unit. In no case shall a person leave the semi-restricted area confinements, traverse other unrestricted areas and reenter the semi-restricted area to access the remaining portion of the semi-restricted area of that defined unit.

(3) An unrestricted area shall be any non-invasive area of the surgical unit that is not defined as semi-restricted or restricted. Street clothes are permitted in this area. Public access to unrestricted areas may be limited based on the licensed facility’s policy and procedures. Unrestricted area does not mean secured area.

(c) Where invasive procedures, as defined by §520.2(55) of this chapter, are offered, a restricted room shall be provided and comply with this subsection. Procedures not defined as an invasive procedure by §520.2(55) of this chapter may be performed in an operating room. The facility's functional program shall indicate if and where surgical services are performed on a patient with airborne infection disease. The negatively pressurized operating room shall meet the Centers for Disease Control and Prevention (CDC) “Guidelines for Environmental Infection Control in Health-Care Facilities” or the CDC “Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Facilities.”

(1) The facility shall provide at least one operating room in a surgical unit.

(2) An operating room used for cesarean deliveries shall meet the requirements in §520.109(g) of this subchapter (relating to Obstetrical Unit and Cesarean Delivery Unit) and an operating room, whichever is more stringent. Where minor renovation work is undertaken, the Texas Health and Human Services Commission may permit the built environment to meet the chapter requirements that were in effect at the time of the initial construction, addition, or renovation was built in accordance with §520.14(c) of this chapter (relating to Exceptions).

(A) Space requirements are provided in §520.121 of this division (relating to General). Definitions for “clearance,” “clear dimension,” and “clear floor area” are provided in §520.2 of this chapter.

(i) An invasive room shall provide a minimum 400 square feet clear floor area with minimum 18 foot clear dimensions.

(ii) An invasive room with portable imaging equipment or a room requiring additional medical staff, large equipment, or both shall provide a minimum 600 square feet clear floor area with minimum 20 foot clear dimensions. Where major renovation work is undertaken, and it is not possible to meet the minimum requirements, the room shall be permitted to be a minimum 500 square feet clear floor area with minimum 20 foot clear dimensions with ARU’s approval.

(B) The following minimum clearances shall be provided.

(i) An invasive room shall provide eight feet six inches on each side, and seven feet at the foot, and six feet at the head. The head of the table shall provide an anesthesia work zone with a clear floor area of six feet by eight feet.

(ii) Where minor renovation work is undertaken, the built environment shall be permitted to meet the sections under which any initial construction, addition, or renovation was built in accordance with §520.14(c) of this chapter.

(3) The invasive room shall be equipped with or accommodate the following features.

(A) A documentation area in accordance with §520.63 of this chapter (relating to Documentation Area) and located within the invasive room shall be provided. Where a built-in feature is provided for documentation, it shall allow for direct observation of the patient.

(B) The invasive room shall provide an image viewer, of at least one of any type of medical image viewer. The viewer may be mobile.

(C) The invasive room shall provide a view panel in accordance with §520.66(d) of this chapter (relating to Hand Scrub Sink). Where a view exists into an invasive room when the semi-restricted doors are opened, patient privacy shall be provided to prevent observation into an invasive room from those doors.

(D) The invasive room’s doors shall be directly accessible as defined by §520.2(26) of this chapter from a semi-restricted corridor. Additional doors into the invasive room shall be permitted from an equipment storage or sub-sterile room. Where an equipment storage door is directly accessible into an invasive room, a second door in the equipment storage shall be directly accessible to the semi-restricted corridor.

(E) Direct access between invasive rooms is prohibited; however, a view window between the two rooms is permitted.

(F) A drainage system shall be provided in accordance with §520.184(i) of this subchapter (relating to Plumbing Systems).

(G) A facility shall provide space for emergency resuscitation equipment and supplies located in or adjacent to the invasive room.

(d) Where an invasive procedure requires imaging technologies, such as intraoperative computerized tomography (CT) systems, intraoperative magnetic resonance imaging (iMRI) systems, or vascular imaging technologies are used, a hybrid operating room shall be provided in accordance with subsection (c) of this section and §520.129 of this division (relating to Imaging Unit), as related to the applicable imaging modality used in the hybrid operating room, and the requirements in this section. The imaging modalities shall be capable of physically moving into and out of the surgical field via floor or ceiling assemblies, allowing for a clear area when imaging technology is not required.

(1) The hybrid operating room shall be provided in accordance with subsection (c)(2) of this section, or the clear floor area, clearance, and storage requirements for the imaging equipment contained in the room, whichever area is greater. Where mobile storage units are used in lieu of fixed cabinets, placement of the storage units shall not encroach in the required clear floor area and its required clearances.

(2) An iMRI system shall be provided in accordance with subsection (c)(2)(A)(ii) of this section and the following requirements, whichever is more stringent.

(A) Configuration and space requirements are provided in §520.129(c)(11)(J)of this division (relating to Imaging Unit).

(B) Control room requirements are provided in §520.129(c)(11)(J)(ii)(II) of this division.

(3) Where a hybrid operating room with intraoperative CT systems or vascular imaging systems is provided, a control room in accordance §520.129(c)(11)(J)(ii)(II) of this division is required.

(A) The hybrid operating room shall be sized and configured in compliance with manufacturer recommendations for installation, service, and maintenance.

(B) The hybrid operating room shall be physically separated from the hybrid operating room with walls and a door. Where the control room serves only one operating room and is built, maintained, and controlled the same as the operating room, a facility is not required to meet this subparagraph.

(C) The hybrid operating room may serve more than one hybrid operating room, where manufacturer recommendations for installation, service, and maintenance are accommodated for all rooms served.

(D) The hybrid operating room shall provide a view panel to allow the controller a full view of the patient and the surgical team.

(4) Structural support and support for vibration shall be provided in accordance with §520.129(c)(6) of this division.

(5) A system component room for a hybrid operating room shall be provided in accordance with §520.129(c)(11)(D) of this division. Where multiple hybrid operating rooms are provided, a facility may combine the system component rooms.

(6) Where the imaging equipment emits ionizing radiation, protection shall be provided in accordance with §520.129(c)(9)(D) of this division.

(e) A facility shall provide the following dedicated support areas in the semi-restrictive area to support invasive rooms, such as operating rooms. Where a procedure room or cesarean delivery room, or both are in the surgical unit, a facility may combine the following spaces. The following support areas shall be directly accessible only to the semi-restricted corridor of the surgical unit, unless required in other sections of this chapter.

(1) A nurse station shall be provided in accordance with §520.62 of this chapter (relating to Nurse Station).

(A) The nurse station shall be in the semi-restricted area’s main entrance or in the unrestricted area where it is directly accessible to the semi-restricted area.

(B) A nurse at the nurse station shall have a full view of the principal approach and entrance to the semi-restricted main entrance, allowing staff to restrict unauthorized traffic into the main route of the semi-restricted corridor of the surgical unit. Video cameras shall not substitute for direct visual observation at the main nurse station but may be used as an additional safety precaution. Other entries to the semi-restricted corridors shall be restricted and controlled by an access control system or by direct visual observation.

(2) A documentation area, in addition to the documentation area in an invasive room, shall be provided in accordance with §520.63 of this chapter (relating to Documentation Area).

(3) Where more than three invasive rooms, including cesarean delivery rooms, are provided in one surgical unit, an office shall be provided in accordance with §520.64 of this chapter (relating to Nurse Office).

(4) A staff changing unit shall be provided in accordance with §520.84 of this chapter.

(5) A hand scrub sink shall be provided in accordance with §520.66 of this chapter. A hand-washing station is prohibited in an invasive room.

(6) A medication safety zone shall be provided in accordance with §520.68 of this chapter (relating to Medication Safety Zone). Where an anesthesia work area or room is provided, the medication safety zone maybe combined with the anesthesia work area.

(7) A clean equipment and clean supply storage area shall be provided in accordance with §520.71 of this chapter (relating to Clean Workroom or Clean Supply Room), however alcoves may substitute for a room. This area shall house clean equipment, supplies, and clean linen used in the in semi-restricted and restricted areas.

(A) The clean equipment and supply storage area shall be separate from and have no direct connection with the soiled workroom or soiled holding room or an invasive room.

(B) The surgical unit shall provide at least a total combined floor area of 100 square feet or 50 square feet per operating room for clean equipment and supply storage, whichever is greater. This required square footage is in addition to storage square footage in the operating room and the square footage required for procedure rooms or cesarean delivery rooms located in the surgical unit. All clean equipment and supply storage areas shall be located out of the path of normal traffic, including the connecting corridor as described in §520.172(b)(1) of this subchapter (relating to Architectural Details). Where the surgical unit is constructed, renovated, or modified, the facility’s functional program as defined by §520.2 of this chapter shall provide the square footage of each storage area in the semi-restricted area of the surgical unit.

(8) A soiled workroom or soiled holding room shall be provided in accordance with §520.72 (relating to Soiled Workroom or Soiled Holding Room). Omission of this requirement shall be permitted where §520.144(a)(3)(A) of this subchapter (relating to Sterile Processing Unit) or §520.144(a)(4)(B) of this subchapter is provided.

(A) Where a soiled holding room is provided instead of a soiled workroom, other provisions for disposal of liquid waste shall be provided.

(B) Sharing of the soiled workroom or soiled holding room with the unrestricted area shall be permitted where direct access is provided from the semi-restricted area and direct access is provided from the unrestricted area.

(C) The soiled workroom or soiled holding room shall be physically separated from all areas and shall not have a direct connection with operating rooms or other sterile activity rooms. The soiled workroom or soiled holding room shall not have any through traffic into another room.

(9) Emergency equipment storage for emergency resuscitation equipment and supplies shall be provided in accordance with §520.73(c)(6) of this chapter (relating to Emergency Storage).

(A) Stretcher storage space for at least one stretcher shall be provided in accordance with §520.73(e) of this chapter. Where the unit has no more than one invasive room, procedure room, or cesarean room total, stretcher storage is not required.

(B) Where open-heart or complex orthopedic and neurosurgical surgery is performed or where equipment-intensive procedures are performed, using large mobile equipment, equipment storage space shall be provided adjacent to that specific operating room. This is in addition to that required in paragraph (7)(B) of this subsection. The facility's functional program shall indicate if the licensed facility provides open-heart or complex orthopedic and neurosurgical surgery.

(10) An environmental services room dedicated to the invasive room and located in the semi-restricted corridor shall be provided in accordance with §520.74 of this chapter (relating to Environmental Services Room). This environmental services room shall be prohibited from sharing.

(11) At least one sterilizer shall be provided, regardless of the sterilization process. It shall be in a separate room direct to the operating rooms, in an alcove convenient to the operating room directly accessible to the semi-restricted corridor, or in the clean workroom directly accessible to the semi-restricted corridor. Sterilizer selection shall be determined by the services provided.

(12) Where sterilization processes are conducted in the semi-restricted area, the sterile processing area shall be provided in accordance with §520.144(a) of this subchapter.

(13) Where storage of blood, harvested organs, tissue, and pathological specimens is required or provided, the following requirements shall apply.

(A) Provisions for storage of blood, organs, tissue, and pathological specimens shall meet the requirements of the Clinical Laboratory Improvement Amendments of 1988 (CLIA) and all other applicable regulatory requirements.

(B) Refrigerated storage accommodations shall be provided in accordance with §520.141(c)(5)(D) of this subchapter (relating to Laboratory Unit), with the following exceptions.

(i) A refrigerator shall be permitted in the semi-restricted corridor. Where a refrigerator is in the semi-restricted corridor, the lock on the refrigerator is not required where it meets CLIA requirements.

(ii) A refrigerator is prohibited in an invasive room.

(iii) Where the refrigerator is used to store blood for transfusions, the refrigerator shall be lockable or in a secured room. It shall be equipped with temperature monitoring and alarm signal. The alarm signal shall indicate a temperature increase or malfunction and shall sound an audible warning signal. Documentation of the appropriate temperature for such storage shall be maintained onsite. Refrigerated storage shall be powered in accordance with §520.183(k)(6)(C) of this subchapter (relating to Electrical Systems).

(14) Where frozen sections are required for surgical procedures, a frozen section room shall be provided.

(A) The room may be located in either the general laboratory as provided in §520.141 of this subchapter, or in a lab in the surgical unit where immediate results are obtainable without unnecessarily delaying completion of surgery.

(B) A door into the semi-restricted corridor and the non-restricted corridor from the frozen section room shall be permitted where the governing body has a policy to not allow through traffic in this room.

(f) A re- and postoperative patient care unit shall be provided in accordance with §520.47 of this chapter (relating to Pre- and Post-Procedure Patient Care and Phase II Recovery Unit).

(1) A critical care unit may provide postoperative patient care services if the following conditions are met.

(A) The critical care unit's door is within 30 foot travel distance from the surgical unit’s entrance and on the same floor.

(B) The patient is admitted as an inpatient.

(C) A critical care patient bedroom is directly accessible to a patient bathroom in accordance with §520.102(c) of this subchapter (relating to Medical/Surgical Patient Care Unit).

§520.129. Imaging Unit.

(a) Each licensed facility shall provide basic imaging services in accordance with subsection (b) of this section. The licensed facility shall meet the requirements of this section where the facility offers more than radiographic (X-ray) services.

(b) A basic imaging care unit shall comply with the following requirements.

(1) A general hospital shall provide at least one diagnostic X-ray room that meets the requirements in this section. A special hospital that offers more than basic emergency care services, shall provide at least one dedicated X-ray room in accordance with this subsection.

(2) A special hospital that offers only basic emergency care shall provide at least one portable X-ray equipment with a dedicated room to store the portable X-ray or C-arm.

(3) In a multi-tenant building where a general hospital and a special hospital that only provides basic emergency care services reside, the special hospital is not required to comply with this subsection where the host general hospital consents to accept the patient requiring imaging services. When the host general hospital license is voided, the special hospital shall provide its own portable C-arm with its dedicated storage room at the time the host hospital licensed is voided. The requirements of this section shall be met where other imaging services are required or provided.

(4) An X-ray room shall meet the requirements in paragraph (1) of this subsection and subsection (c)(9) of this section.

(A) Where minor renovation work is undertaken, the Texas Health and Human Services Commission (HHSC) may permit the built environment to meet the chapter requirements that were in effect at the time of the initial construction, addition, or renovation in accordance with §520.14(c) of this chapter (relating to Exceptions).

(i) The X-ray room shall accommodate manufacturer’s operational, service, and safety clearances.

(ii) The X-ray room shall provide minimum clearances of three feet on the transfer side, 30 inches on the non-transfer side, and three feet at the foot of the equipment.

(B) A hand-washing station shall be provided the imaging room in accordance with §520.67 of this chapter (relating to Hand-Washing Station).

(C) A control room or alcove shall be provided in accordance with subsection (c)(11)(C) of this section.

(5) A patient toilet room immediately accessible to the imaging room shall be provided in accordance with §520.76 of this chapter (relating to Patient Toilet Room). A facility may combine this patient toilet room combined with other patient care units or patient treatment units, unless noted otherwise in this chapter.

(c) An organized imaging care unit shall comply with the following requirements.

(1) Where more than two non-invasive imaging rooms are present, an imaging unit shall be provided. This unit shall consist of general imaging services that use natural orifice entry and do not pierce or penetrate natural protective membranes; such as diagnostic radiography, fluoroscopy, mammography, computed tomography (CT), ultrasound, magnetic resonance imaging (MRI), and other imaging modalities. The rooms are accessed through a non-restricted area, although some areas, such as MRI unit, are secured access.

(2) The facility shall install any imaging modalities before a final architectural inspection, unless HHSC's Architectural Review Unit (ARU) provides written approval for certain modalities to be installed later, such as relocating an existing imaging modality to a newly renovated space in a licensed facility.

(3) Each imaging room shall be dedicated to the type of imaging services provided.

(4) Where imaging procedures are invasive, as defined in §520.2 of this chapter (relating to Definitions), the room shall be provided in accordance with §520.128(c) of this division (relating to Surgical Unit) or §520.128(d) of this division. Where an imaging room will be used for both non-invasive and invasive procedures, the more stringent requirements for the higher-class room shall be followed.

(5) Where two or more individual imaging or therapy modalities are integrated into one imaging device (e.g., positron emission tomography-computed tomography (PET/CT), single-photon emission computed tomography (SPECT/CT) or positron emission tomography-magnetic resonance imaging (PET/MRI), the minimum space requirements for that room shall include the space requirements for each individual contributing modality.

(6) Where an X-ray and gamma-ray modality is required or provided, the radiation protection requirements for installations shall conform with other applicable local, state, and federal codes and standards and the following National Council on Radiation Protection & Measurements (NCRP) reports:

(A) NCRP Report No. 102: Medical X-Ray, Electron Beam and Gamma-Ray Protection for Energies Up to 50 MeV (Equipment Design, Performance and Use);

(B) NCRP Report No. 116: Limitation of Exposure to Ionizing Radiation;

(C) NCRP Report No. 144: Radiation Protection for Particle Accelerator Facilities;

(D) NCRP Report No. 147: Structural Shielding Design for Medical X-Ray Imaging Facilities; and

(E) NCRP Report No. 151: Structural Shielding Design and Evaluation for Megavoltage X- and Gamma-Ray Radiotherapy Facilities.

(7) Proper shielding where radiation sources are used shall be maintained.

(8) A facility shall provide, as applicable, the following required documentation during a final architectural inspection.

(A) A letter from the certified radiation physicist or equally qualified expert representing the facility’s owner or administrator, or appropriate state agency; or

(B) Where omission of the control alcove occurs, documentation from a certified radiation physicist shall be presented during a final architectural inspection and retained at the licensed facility, as described in paragraph (11)(C) of this subsection.

(C) Documentation of the minimum distance between the outside edge of the shielded view window and the outside partition edge shall be retained and readily available at the licensed facility, as described in paragraph (11)(C) of this subsection.

(9) The imaging unit shall be equipped with or accommodate the following features.

(A) An imaging room shall provide a hand-washing station in accordance with:

(i) §520.67 of this chapter for non-invasive imaging rooms; or

(ii) §520.128 of this division for invasive imaging rooms.

(B) The floor and, if applicable, the ceiling structures shall support the weight of the imaging equipment as well as other fixed ancillary equipment (e.g., lights and service columns) and movable ancillary equipment.

(C) An imaging room shall be protected from environmental vibrations and other disturbances in accordance with the imaging equipment manufacturer’s technical specifications.

(D) For imaging services that require radiation protection from ionizing radiation sources, such as X-ray and gamma-ray sources, the following requirements shall apply.

(i) Radiation protection shall be provided in cobalt, linear accelerator, and simulation rooms; radiosurgery treatment rooms; and proton therapy rooms. Both photons and neutrons shall be considered in the shielding for electron accelerators of higher energy.

(ii) Rooms shall prevent the escape of radioactive particles. Openings into the room, including doors, ductwork, vents, and electrical raceways and conduits, shall be baffled to prevent direct exposure to other areas of the licensed facility.

(10) Where an imaging equipment upgrade is undertaken, the upgrade may meet the requirements of Subchapter L of this chapter (relating to Specific Requirements for Mobile/Transportable Units). Subchapter L of this chapter shall be prohibited for a newly constructed licensed facility or an existing licensed facility, which does not provide the specific imaging modality being upgraded.

(11) A patient care diagnostic room shall comply with the following requirements.

(A) A patient care diagnostic imaging room shall be sized and configured, at minimum, to comply with the manufacturer’s recommendations for installation, service, and maintenance. Further requirements for area are in §520.121 of this division (relating to General). Refer to definitions of clearance, clear dimension, and clear floor area described in §520.2 of this chapter.

(B) Imaging rooms shall be sized to provide the following minimum clear and unobstructed clearances:

(i) Imaging room is four feet on all circulating sides of the patient table/bed/gantry. Where table/bed/gantry face each other, a minimum corridor clearance of six feet shall be provided from the foot of a table/bed/gantry or other fixed object to allow a clear unobstructed passage for beds, equipment.

(ii) Where equipment upgrade is provided, 30 inches on all circulating sides of the patient table/bed/gantry shall be permitted.

(C) Each imaging room containing non-portable radiation-emitting imaging equipment, such as movable imaging equipment affixed to rails, tracks, or booms, or imaging equipment requiring shielding from external sources of interference shall provide a fixed shielded control alcove or control room to minimize radiation exposure to technologists and others.

(i) A control alcove or room shall be permitted to serve more than one imaging room, provided the manufacturer’s recommendations for installation, service, and maintenance are accommodated for all rooms served.

(ii) The control alcove or room shall be, at minimum, sized and configured in compliance with the manufacturer’s recommendations for installation, service, and maintenance.

(iii) The control alcove or room shall provide a shielded view window which allows a full view of the examination/procedure table and the patient during imaging activities (e.g., when the table is tilted or the chest X-ray is in use). Where a direct line of sight cannot be accommodated due to functional requirements, use of closed-circuit video monitoring shall be permitted where approved by ARU.

(iv) A certified radiation physicist or other qualified expert representing the facility’s owner or administrator, or appropriate state agency shall determine the minimum distance between the outside edge of the shielded view window and the outside partition edge to prevent exposure to technologists or others positioned near the outside edge of the window. In the absence of minimum distance required between the outside edge of the shielded view window and the outside partition edge, a minimum of 18 inches from the glazing edge to the edge of the outside partition shall be provided.

(v) Where an imaging room requires positive or negative pressure, a door shall be provided between the control room and the imaging room.

(D) Where a system component room is provided, it shall meet the requirements in this section.

(i) Where the system component room is accessed from a restricted room, the following requirements shall be met:

(I) each door leaf shall be gasketed; and

(II) air pressurization in the system component room shall be negative to the imaging room.

(ii) A system component room shall be permitted to be accessed from a semi-restricted corridor. If equipment requires technicians to view the imaging equipment during maintenance, a window between the system component room and the imaging room or a closed-circuit video camera can be used to provide this access.

(iii) A system component room shall be permitted to be shared among multiple rooms provided the equipment manufacturer allows such sharing.

(iv) The system component room shall be sized to accommodate the following as indicated by the imaging equipment manufacturers, including the clear floor area:

(I) transformers;

(II) power distribution equipment;

(III) power conditioning/uninterruptible power supply equipment;

(IV) computers; and

(V) associated electronics and electrical gear.

(E) X-ray. Described in subsection (b)(4) of this section.

(F) Where CT services are provided, a CT room and its support rooms shall meet the requirements in this section. Where interventional CT scan services are provided as defined by “invasive procedure,” it shall meet the requirements of a surgical unit and services performed in an operating room. Interventional CT scan shall be identified in the facility’s functional program.

(i) Hand-washing station shall be provided the imaging room in accordance with §520.67 of this chapter.

(ii) Control room or alcove shall be provided in accordance with subparagraph (C) of this paragraph.

(iii) Where provided, a system component room shall be in accordance with subparagraph (D) of this paragraph.

(G) Where fluoroscopy services are provided, fluoroscopy rooms shall meet the requirements in paragraph (2) of this subsection.

(i) Hand-washing station shall be provided the imaging room in accordance with §520.67 of this chapter.

(ii) Control room or alcove shall be provided in accordance with subparagraph (C) of this paragraph.

(iii) A dedicated patient toilet room shall be provided in accordance with §520.76 of this chapter. Room shall be directly accessible from each non-invasive fluoroscopy room or a combination radiography/fluoroscopy room. Patients shall be able to leave the toilet room without reentering the fluoroscopy room. Omission of the toilet door into the corridor shall be permitted for a hospital providing only children services.

(H) Where mammography services are provided, mammography rooms shall meet the requirements in paragraph (2) of this subsection.

(i) The following minimum clearances shall be provided three feet on all circulating sides of the patient position or other clearances in accordance with clinical needs or whichever is greater.

(ii) Hand-washing station shall be provided the imaging room in accordance with §520.67 of this chapter.

(iii) Shielded control alcove shall be provided in accordance subparagraph (C) of this paragraph. Omission of a shielded control alcove shall be permitted for mammography machines with built-in shielding for the operator, where approved by the certified radiation physicist or authority having jurisdiction.

(iv) Views into the mammography room by the public or other patients shall be prevented when the room is in use. Where needle location procedures are performed, a discreet patient route of travel (i.e., one that does not pass through public circulation routes) shall be provided from the mammography room to a biopsy procedure room.

(v) Where patients do not change in the mammography room, changing rooms for mammography patients shall be immediately accessible to the waiting area and imaging rooms and shall be provided in accordance with §520.77 of this chapter (relating to Patient Changing Room). Combination of mammography changing rooms with changing areas for other imaging services shall be permitted.

(I) Where ultrasound services are provided, ultrasound rooms shall be provided in accordance with this section.

(i) The following minimum clearances shall be provided three feet on all circulating sides of the patient table or procedural chair.

(ii) Hand-washing station shall be provided the imaging room in accordance with §520.67 of this chapter.

(J) Where MRI services are offered, MRI rooms shall meet the following requirements.

(i) Units for MRI equipment shall conform to the four-zone screening and access control protocols identified in the current edition of the American College of Radiology’s “ACR Guidance Document on MR Safe Practices.”

(I) An MRI unit, including the spaces around, above, and below, as applicable, shall adhere to International Electrotechnical Commission (IEC) Standard 60601-2-33: Medical electrical equipment – Part 2-33: Particular requirements for the basic safety and essential performance of magnetic resonance equipment for medical diagnosis requirements established to prevent unscreened individuals from entering the five-gauss volume around the MRI equipment and to minimize electromagnetic or radiofrequency interference to, or from, other equipment.

(II) Ferromagnetic warning system shall be provided.

(III) Any area in which the magnetic field strength is equal to or greater than five-gauss shall be physically restricted using key locks or pass-key locking systems. At no time shall patients or nonpatients be allowed to enter this secured area without MRI staff present when the magnet is active. The facility’s functional program shall indicate the gauss for each MRI room.

(IV) A system for cryogen venting, emergency exhaust, and passive pressure relief shall be provided in accordance with the equipment manufacturer’s technical specifications.

(V) Ferromagnetic materials that may become detached or otherwise interfere with the operation of the MRI scanner shall not be used in MRI scanner rooms.

(VI) The MRI scanner room shall be located and shielded to avoid electromagnetic interference from elevators or other electromagnetic equipment.

(ii) The MRI scanner room shall comply with the following requirements.

(I) Hand-washing station shall be provided in accordance with §520.67 of this chapter and shall be located outside the MRI scanner room and within eight feet of its door. It shall be recessed out of the main traffic areas or corridor.

(II) A control room shall be provided in accordance with subparagraph (C) of this paragraph and must comply with the following requirements.

(-a-) An operator in the operator’s console shall have a full view of the principal approach and entrance to the MRI scanner room. Video cameras shall not be used as a substitution for direct visual observation but may be used as additional safety precautions.

(-b-) Where there is an outward-swinging door, in the open position the door shall not obstruct the view of the entry opening from the operator’s console.

(III) A control vestibule shall be located outside the MRI scanner room so that patients, medical staff, and other employees shall pass through it before entering the MRI scanner room.

(-a-) The control vestibule may either be a part of the MRI control room or directly visible from the control room.

(-b-) Space for containment of non-MRI-safe objects outside restricted MRI safety zone shall be provided.

(-c-) A system component room that meets the requirements in subparagraph (D) of this paragraph shall be provided.

(IV) A patient resuscitation/holding area shall be provided and meet the following requirements.

(-a-) The patient holding area shall be adjacent to the MRI entrance and within 10 feet of the door into the MRI scanner room or as approved by ARU.

(-b-) At least one patient stretcher area shall be provided adjacent to the MRI room and at least one patient stretcher area per each three MRI rooms shall be provided. A patient resuscitation/holding area may be shared with other MRI rooms where the area is adjacent to all MRI rooms.

(-c-) Three feet on the sides of stretcher and three feet at foot of the stretcher.

(-d-) The patient resuscitation/holding area shall be equipped with or accommodate the following features.

(-1-) Electrical, nurse call, medical gas, and heating, ventilation, and air condition requirements of a pre-operative space shall be provided.

(-2-) Patient storage for patients’ belongings, including and non-MRI-safe items in accordance with §520.77(e)(5) of this chapter shall be provided.

(iii) The MRI unit shall comply with the following architectural details.

(I) The floor structure shall be designed to support the weight of MRI scanner equipment, minimize disturbance to the MRI magnetic field, and mitigate disruptive environmental vibrations.

(II) Surfaces or markings to identify the spatial extent of the critical magnetic field strengths surrounding the MRI scanner, including the 5-gauss exclusion zone or other magnetic field strength values that may impair the operation of equipment such as ventilators, pumps, or anesthesia machines shall be permitted.

(III) MRI rooms shall be marked with a lighted sign with a red light to indicate that the magnet is always on.

(IV) Acoustic control shall be provided to mitigate the noise emitted by the MRI scanner. For requirements, refer to the table in §520.1204 of this chapter (relating to Design Criteria for Minimum Sound Isolation Performance Between Enclosed Rooms).

(iv) The MRI unit shall comply with the following equipment installation requirements.

(I) Power conditioning and uninterruptible power supplies shall be provided as indicated by the MRI manufacturer’s power requirements and specific licensed facility conditions.

(II) Radiofrequency (RF) shielding shall be provided for clinical MRI installations to attenuate stray radio frequencies that could interfere with the MRI imaging process.

(III) At sites with magnetic field hazards or interferences are not adequately controlled by physical distance, the need for magnetic shielding shall be assessed by a certified physicist experienced in magnetic shielding design or equally qualified expert.

(K) Where nuclear imaging services are provided, the nuclear imaging unit shall meet the following requirements.

(i) Nuclear imaging rooms shall meet the requirements in paragraph (9) of this subsection.

(ii) Where patients are required to exercise before nuclear imaging is conducted, space shall be provided for the following in the nuclear imaging room or in a separate room directly accessible to the nuclear imaging room. This room shall be equipped with the following:

(I) hand-washing station provided in accordance with §520.67 of this chapter;

(II) exercise equipment (e.g., stationary bicycle and treadmill); and

(III) staff work space.

(iii) Hand-washing stations shall be provided throughout the nuclear imaging suite at location of patient contact and at locations where radiopharmaceutical materials are handled, prepared, or disposed.

(iv) A nuclear imaging dose administration area shall be provided and shall meet the following requirements.

(I) The dose administration area shall be located near the preparation area.

(II) Because several hours may elapse before a dose takes effect, the area shall provide for visual privacy from other areas.

(III) For positron emission tomography (PET) services, combination of this area may be combined with a patient uptake room as indicated in subparagraph (M)(vii) of this paragraph.

(L) Where scintigraphy services are provided, scintigraphy (gamma camera) units shall meet the following requirements.

(i) Scintigraphy rooms shall meet the requirements in this section.

(ii) A hand-washing station shall be provided in accordance with §520.67 of this chapter.

(M) A PET unit shall meet the following requirements.

(i) PET units shall be located to restrict incidental exposure to ionizing radiation sources by persons not immediately involved in the PET examination.

(ii) A certified radiation physicist or other qualified person shall determine if, and to what extent, radiation shielding is required at radio-pharmacy, hot lab, scanner, patient holding, and other spaces.

(iii) A PET scanner room shall comply with the following requirements.

(I) PET rooms shall meet the requirements in this section.

(II) A hand-washing station shall be provided in accordance with §520.67 of this chapter.

(iv) A control room that meets the requirements in subparagraph (C) of this paragraph and is designed to accommodate the controls for the equipment shall be provided. A control room may to serve more than one PET scanner room.

(v) Where a system component room is provided, it shall meet the requirements in subparagraph (D) of this paragraph.

(vi) Where radiopharmaceuticals are prepared at the licensed facility, a cyclotron shall be provided. Where radiopharmaceuticals are provided by commercial sources, a cyclotron is not required.

(I) Where provided, a cyclotron unit shall be in access-restricted areas in accordance with applicable state and federal laws.

(II) Shielding requirements for a cyclotron unit shall be coordinated between the equipment manufacturer and a reviewing medical physicist.

(III) Hand-washing station shall be provided in accordance with §520.67 of this chapter.

(vii) A shielded room shall be provided for patient uptake/cool-down. The patients who, post-examination, retain sufficient radiopharmaceuticals shall not be near others.

(I) Uptake rooms shall be provided as appropriate to the examinations and radiopharmaceuticals used for the PET service.

(II) Uptake rooms shall be configured and appointed to minimize patient movement during the radiopharmaceutical uptake period.

(III) A dedicated toilet room with a hand-washing station for a patient who retains sufficient radiopharmaceuticals and a dedicated “hot” toilet to accommodate radioactive waste shall be directly accessible to the uptake/cool-down room. Where renovation or replacement work is done in a licensed facility, the toilet may be shared with other imaging areas and shall be adjacent to the patient uptake/holding room, however, the room shall be exhausted direct to the outside.

(N) A single-photon emission computed tomography (SPECT) unit shall meet the requirements of this section and provide a hand-washing station in accordance with §520.67 of this chapter.

(12) Support areas for an imaging unit shall comply with the following requirements.

(A) Imaging unit support areas may be shared between different imaging modalities where the imaging modalities are in the same defined imaging unit and on the same floor.

(B) Each patient care unit shall provide a nurse station in accordance with §520.62 of this chapter (relating to Nurse Station).

(i) Notwithstanding any other applicable section in this chapter, where five or fewer non-invasive imagining rooms are provided in one unit, the nurse station may be shared with other patient care units or patient treatment units where it is on the same floor as the patient care or treatment unit it serves and within 50 foot travel distance from the unit.

(ii) Where six or more non-invasive imagining rooms are provided in one unit, the nurse station shall be in the imaging unit.

(C) Documentation space shall be provided in accordance with §520.63 of this chapter (relating to Documentation Area).

(D) Where three or more imaging rooms are in a dedicated imaging unit, a consultation room shall be provided in accordance with §520.43 of this chapter (relating to Consultation Room).

(i) The consultation room shall be in or immediately accessible to the imaging unit.

(ii) A reception area shall be provided in accordance with §520.75(c) of this chapter (relating to Outpatient Waiting Area). A facility that provides fewer than six non-invasive imagining rooms in one unit shall not be required to comply with the requirement in this clause.

(E) Where a medication safety zone is provided, other than the required at holding area, it shall be in accordance with §520.68 of this chapter (relating to Medication Safety Zone).

(F) A clean supply room shall be provided in accordance with §520.71 of this chapter (relating to Clean Workroom or Clean Supply Room).

(i) Notwithstanding any other applicable requirement in this chapter, where five or fewer non-invasive imagining rooms are provided in one unit, the clean supply room may be shared with other patient care units or patient treatment units where it is on the same floor as the patient care or treatment unit it serves and within 50 foot travel distance from the unit.

(ii) Where six or more non-invasive imaging rooms are provided in one unit, the environmental services room shall be in the imaging unit.

(G) A soiled workroom or soiled holding room shall be provided in accordance with §520.72 of this chapter (relating to Soiled Workroom or Soiled Holding Room).

(i) Notwithstanding any other applicable requirement in this chapter, where five or fewer non-invasive imagining rooms are provided in one unit, the soiled workroom or soiled holding room may be shared with other patient care units or patient treatment units where it is on the same floor as the patient care or treatment unit it serves and within 50 foot travel distance from the unit.

(ii) Where six or more non-invasive imagining rooms are provided in one unit, the environmental services room shall be in the imaging unit.

(iii) Where nuclear imaging services are offered, a contaminated (hot) soiled holding area that is separate from other waste holding areas shall be provided in the soiled workroom or soiled holding room. Radiation, occupational, and environmental protections for contaminated holding areas shall be provided as defined by a medical physicist.

(H) An environmental services room shall be provided in accordance with §520.74 of this chapter (relating to Environmental Services Room).

(i) Notwithstanding any other applicable requirement in this chapter, where five or fewer non-invasive imagining rooms are provided in one unit, the environmental services room may be shared with other patient care units or patient treatment units where it is on the same floor as the patient care or treatment unit it serves and within 50 foot travel distance from the unit.

(ii) Where six or more non-invasive imagining rooms are provided in one unit, the environmental services room shall be in the imaging unit.

(I) A pre- and post-procedure patient care area shall comply with the following requirements.

(i) Each patient care station shall provide a stretcher.

(ii) Patient care station shall be provided at a ratio of one patient care station for each three non-invasive imaging rooms or fewer and for each major fraction thereof.

(iii) For invasive imaging rooms, pre- and post-procedure patient care areas shall be provided in accordance with §520.47 of this chapter (relating to Pre- and Post-Procedure Patient Care and Phase II Recovery Unit).

(iv) Space requirements are provided in §520.121 of this division (relating to General). Definitions of “clearance,” “clear dimension,” and “clear floor area” are described in §520.2 of this chapter.

(I) Single-occupant room shall provide a minimum 80 square feet clear floor area with minimum 8 foot dimensions.

(II) Multi-occupant room shall provide a minimum 80 square feet clear floor area per patient care station with a minimum 8 foot headwall length per patient care station.

(III) The following minimum clearances shall be provided:

(-a-) Three feet between the sides of bed and adjacent walls/partitions, except at the head of the bed.

(-b-) Three feet between the side of patient bed and adjacent walls/partitions, and four feet between the sides of adjacent patient beds. Where beds face each other, a minimum corridor clearance of five feet shall be provided from the foot of a bed or other fixed object to allow a clear unobstructed passage for beds, equipment, wheelchairs, staff, patients, and visitors.

(v) Where minor renovation work is undertaken, HHSC may permit the built environment to meet the chapter requirements that were in effect at the time of the initial construction, addition or renovation was built in accordance with §520.14(c) of this chapter (relating to Exceptions).

(vi) Where surgery units are adjacent to imaging units, pre- and post-procedure patient care areas may be shared with surgical services where the minimum patient care station requirements, including station counts, are met for both units.

(vii) A medication safety zone shall be immediately accessible from pre- and post-procedure patient care areas.

(J) The following requirements shall be met where contrast media are prepared in the imaging unit.

(i) This room shall be equipped with the following features:

(I) work counter;

(II) hand-washing station provided in accordance with §520.67 of this chapter; and

(III) storage space to accommodate preparation of contrast media.

(ii) Where prepared media are used, the sink and counter are not required.

(iii) One contrast media preparation area may serve multiple imaging rooms.

(K) The following requirements shall be met where a room for image interpretation or “reading” of medical images is provided.

(i) Remote location of reading rooms shall be permitted.

(ii) The image reading room shall be equipped with the following lighting:

(I) adjustable ambient lighting shall be provided to reduce glare projected onto computer monitors;

(II) a higher level of illumination for room maintenance that shall be activated separate from ambient reading lighting; and

(III) workstation task lighting for writing or reading hard copy.

(L) Where cleaning and high-level disinfection of ultrasound probes is performed, an ultrasound probe processing room shall be provided and shall meet the requirements in this section.

(i) The processing room may serve multiple rooms where ultrasound exams are performed.

(I) The size of the processing room shall be dictated by the equipment used and the number of probes to be processed.

(II) The processing room shall provide an orderly work flow, from the decontamination area to a clean area and then to storage, to minimize cross-traffic that might mix clean and soiled operations of the ultrasound probes.

(ii) The processing room shall be equipped with the following features.

(I) A work counter shall be provided.

(II) Hand-washing station shall be provided in accordance with §520.67 of this chapter.

(III) Storage accommodations to support the high-level disinfection process and equipment used. It shall be maintained in an organized manner to support effective use.

(IV) Storage for clean ultrasound probes shall be provided in a closed cabinet, or probes shall be covered and stored in the imaging room.

(V) A separate minimum 12-inch deep sink (dirty sink) for decontamination shall be provided. To avoid splash, the clean sink shall be separated from the dirty sink by either a four foot distance from the closest edge of each sink or a separating wall or screen. Where a screen is provided, it shall extend at least four feet above the finished floor and shall be permitted to be sloped at the front edge where the lowest point is 42 inches above finished floor. The separating wall or screen shall be at least 24 inches deep. A toilet or janitorial mop sink shall be prohibited as a substitution for a dirty sink.

(VI) Utility connections to support the high-level disinfection process and equipment used.

(VII) Where ultrasound probes are processed at the point of use or in a separate area or room using a self-contained, automated high-level disinfection unit specifically designed for ultrasound probes shall be permitted where dedicated space for the device is provided with access to dedicated electrical receptacle.

(M) Where a centralized computer area is provided, it shall be a separate room with access terminals available in the imaging rooms.

(N) Where radiopharmaceutical preparation is performed, a radiopharmaceutical production pharmacy shall be provided and shall meet the requirements in this section.

(i) The radiopharmaceutical production pharmacy shall comply with the following space requirements.

(I) Space shall be provided for dose calibration, quality assurance, and record-keeping activities.

(II) Space shall be provided for storage of radionuclides, chemicals for preparation, dose calibrators, and records.

(ii) This room shall be equipped with the following features.

(I) Floors and walls shall be constructed of easily decontaminated materials.

(II) Appropriate shielding shall be provided.

(III) Hoods for pharmaceutical preparation shall meet applicable standards.

(O) Where scintigraphy, PET, and SPECT services are offered, hot lab for nuclear imaging services in a securable area or room shall be provided and shall meet the requirements in this section.

(i) A single hot lab may serve multiple nuclear imaging scanners/services and shall be secured for safe storage of radiopharmaceuticals.

(ii) The hot lab shall be shielded according to the manufacturer’s technical specifications.

(iii) The area shall be equipped with the following features:

(I) source storage area;

(II) dose storage area so doses can be calculated and prepared;

(III) storage area for syringe shields;

(IV) hand-washing station provided in accordance with §520.67 of this chapter; and

(V) American National Standards Institute (ANSI) listed emergency eyewash or shower.

(13) The following support areas for staff must be provided.

(A) Where three or more non-invasive imaging rooms are in one imaging unit, a staff lounge shall be provided in accordance with §520.81 of this chapter (relating to Staff Lounge) and shall be readily accessible to the imaging unit.

(B) Where three or more non-invasive imaging rooms are in one imaging unit, a staff toilet shall be provided in accordance with §520.82 of this chapter (relating to Staff Toilet Room) and shall be immediately accessible to the imaging unit. Where two or fewer non-invasive imaging rooms are in one imaging unit, a staff toilet shall be provided in accordance with §520.82 of this chapter and shall be readily accessible to the imaging unit.

(14) The following support areas for patients shall be provided.

(A) Outpatient waiting area shall be provided in accordance with §520.75 of this chapter.

(B) Patient toilet room shall be provided in accordance with §520.76 of this chapter.

(i) Patient toilet rooms with hand-washing stations shall be immediately accessible to the outpatient unit’s main waiting area or room and where provided, to the patient changing rooms.

(ii) Where procedures performed require patient access to toilets, such as fluoroscopy, ultrasound, and CT scanning, a patient toilet room shall be directly accessible from the imaging room. A patient toilet room may serve more than one imaging room. Where a patient toilet room serves more than one imaging room, in-use (occupied) lights shall be used.

(iii) Toilet rooms for nuclear imaging patients shall comply with the following requirements.

(I) Toilet rooms reserved for nuclear imaging patients shall be immediately accessible to waiting rooms or areas and nuclear imaging rooms.

(II) For dosed nuclear imaging patients, dedicated “hot” toilets, restricted from the use of all others for a duration from last use set by a medical physicist, shall be provided in quantities and locations to meet the needs of nuclear imaging patients.

(C) Where patient changing rooms are provided, they shall be in accordance with §520.77 of this chapter.

§520.130. Renal Dialysis Services Unit.

(a) A renal dialysis inpatient unit shall be provided and shall meet the requirements of this section where acute and chronic end stage renal hemodialysis services are offered. Omission of this section shall be permitted where patient bedside dialysis occurs and where dedicated equipment storage room in the specific nursing unit is provided for the outsourced dialysis equipment.

(b) This section shall apply to an inpatient unit in a licensed hospital that provides hemodialysis treatment or hemodialysis training and support to individuals with end stage renal disease, the stage of renal impairment that appears irreversible and permanent and that requires a regular course of dialysis or kidney transplantation to maintain life (also known as chronic kidney disease stage V) and acute kidney injury. The facility’s functional program shall indicate the use of in-center hemodialysis, home training hemodialysis (HH), home training peritoneal dialysis (PD), bed side dialysis, self-care dialysis, and nocturnal dialysis stations.

(1) Outpatient renal hemodialysis shall be prohibited in a licensed hospital. In a multi-tenant building where an end stage renal disease (ESRD) and a hospital resides, a separate license shall be obtained for the outpatient ESRD and its physical plant shall be in accordance with Subchapter I of this chapter (relating to Specific Requirements for End Stage Renal Disease Facilities).

(2) Building systems that maybe shared are described in Division 8 of this subchapter (relating to Building Systems). Rooms that maybe shared are described in §520.10 of this chapter (relating to Shared Spaces).

(c) A hemodialysis patient care area and transitional care unit/self-care units (TCU) shall meet the following requirements.

(1) The treatment area maybe a multiple-occupant patient care room, except where dedicated treatment rooms for patients with airborne infectious diseases, hepatitis B positive, or home training are treated. A non-airborne infection isolation enclosure is described in subsection (d)(1) of this section, an airborne infection isolation (AII) room is described in subsection (d)(2) of this section, and a home training room is described in subsection (d)(3) of this section.

(2) The treatment area shall be separate where administrative or waiting areas are provided.

(3) Except for the built-in chase, any other built-in cabinetry shall be prohibited in the clear floor area of the individual hemodialysis patient care stations.

(4) The hemodialysis patient care area and TCU shall meet the following space requirements.

(A) Further requirements are provided in §520.121 of this division (relating to General). Definitions of “clearance,” “clear dimension,” and “clear floor area” are described in §520.2 of this chapter (relating to Definitions).

(B) Multi-occupant room shall provide a minimum 80 square feet clear floor area per patient care station with a minimum 8 foot headwall length per patient care station.

(C) A minimum 90 square feet clear floor area per patient care station with a minimum 9 foot headwall length per patient care station shall be provided where gurneys are used.

(5) The following minimum clearances shall be provided:

(A) For a multi-occupant room, three feet between the side of a patient dialysis chair/gurney and adjacent walls/partitions, and four feet between the side of adjacent patient dialysis chair/gurney chairs.

(B) Where dialysis chair/gurney chairs face each other, a clear unobstructed width of four feet shall be provided at the foot of each individual dialysis patient care stations, outside of the required square feet treatment area, for passage of equipment, wheelchairs, and medical staff.

(6) Patient privacy shall be provided in accordance with §520.101(e) of this subchapter (relating to General).

(7) Hand-washing station (clean sink) shall be provided in accordance with §520.67 of this chapter (relating to Hand-Washing Station) and comply with the following requirements.

(A) Hand-washing stations shall be in the hemodialysis multiple-occupant patient care room, the home training room, and the special patient care room (airborne infection isolation and non-airborne infection isolation room) shall be provided. At a hand-washing sink at the patient care treatment areas, a permeant label shall be provided with the word “Clean Sink.”

(B) At least one hand-washing sink shall provide an attached eyewash station in accordance with §520.184(j)(12) of this subchapter (relating to Plumbing Systems.

(C) A hand-washing station shall be located at the main entry to the hemodialysis multiple-occupant patient care room. This hand-washing station shall be permitted to contribute to the total number of hand-washing stations required.

(8) A separate and dedicated minimum 12-inch deep sink (dirty sink) for blood or body fluids disposal shall be provided. To avoid splash, the clean sink shall be separated from the dirty sink by either a four foot distance from the closest edge of each sink or a separating wall or screen. Where a screen is provided, it shall extend at least four feet above the finished floor and shall be permitted to be sloped at the front edge where the lowest point is 42 inches above finished floor. The separating wall or screen shall be at least 24 inches deep. A toilet or janitorial mop sink shall be prohibited as a substitution for a dirty sink. Dirty sink shall be provided at a ratio of one dirty sink for each 12 patient care stations or fewer and for each major fraction thereof. Based on the arrangement of the patient care stations, the dirty sink shall be evenly distributed. At a deep sink at the patient care treatment areas, a permeant label shall be provided with the word “Dirty Sink.”

(d) A special patient care room shall meet the following requirements.

(1) Where hepatitis B (HBV)-infected patients receive hemodialysis treatment, a treatment enclosure shall be provided and shall meet the following requirements. Omission of this requirements shall be permitted where patients are trained in their patient bedroom.

(A) A minimum 120 square feet clear floor area with a minimum eight foot clear dimensions shall be provided. The enclosure may be a room or an enclosed space where walls or a curtain wall system provide a minimum seven foot-high clearance enclosing the non-airborne infection isolation area.

(B) Enclosure/room shall be directly accessible to the hemodialysis multiple-occupant patient care room.

(C) This enclosure or room shall be equipped with at least the following features:

(i) counter;

(ii) a hand-washing stations provided in accordance with §520.67 of this chapter;

(iii) a dirty sink provided in accordance with subsection (c)(8) of this section; and

(iv) a lay-in ceiling type shall be permitted in the enclosure or room.

(2) Where patients who have an airborne infection receive hemodialysis treatment in a renal dialysis unit, an AII room shall be provided in accordance with paragraph (1) of this subsection. The facility’s functional program shall indicate if an AII dialysis room is provided and include the governing body’s AII cleaning policies.

(A) The AII room shall be permitted to be combined with HBV-infected patients or non-infected patient where the room and equipment have been terminally cleaned and disinfected and only one type of patient (AII or HBV-infected patient or non-infected patient) is receiving services.

(B) The room shall be a separate and dedicated room. It shall be directly accessible to the hemodialysis multiple-occupant patient care room. An enclosure around the room shall not be accepted as meeting the requirements for a room.

(C) Ceiling shall be provided in accordance with §520.176(b) of this subchapter (relating to Ceilings).

(D) A door that latches or a pressure alarm in accordance with §520.41(g) of this chapter (relating to Airborne Infection Isolation Room) shall be provided.

(E) AII rooms shall comply with the requirements in §520.41 of this chapter.

(3) Where services to train patients on dialysis equipment for home use is offered, a single-occupant treatment room shall be provided and shall meet the requirements of this section. Omission of this section shall be permitted where patients are trained in their patient bedroom.

(A) The maximum capacity of a patient training room shall be one home training chair. The chair shall be permitted to serve both home PD training and HH training. Where dual training services are provided, this count shall be noted on the application and match the name designation indicated on the contract construction documents. Where one home training service exists, and an additional home training service is added in the training room, the room shall meet the requirements of this section and an application package shall be submitted to HHSC's Architectural Review Unit (ARU).

(B) Further requirements are provided in §520.121 of this division (relating to General). Definitions of “clearance,” “clear dimension,” and “clear floor area” are described in §520.2 of this chapter.

(C) Single-occupant room shall provide a minimum 120 square feet clear floor area with a minimum 10 foot headwall length.

(D) This room shall be equipped with at least the following features:

(i) counter;

(ii) a hand-washing station provided in accordance with §520.67 of this chapter;

(iii) a dirty sink provided in accordance with subsection (c)(8) of this section; and

(iv) this room shall be considered a patient treatment room and shall meet the requirements of this chapter, including Division 8 of this subchapter (relating to Building Systems).

(e) A facility shall provide support areas for a renal dialysis unit that comply with the following requirements.

(1) A nurse station shall be provided in accordance with §520.62 of this chapter (relating to Nurse Station) and meet the following requirements.

(A) The nurse station shall be in the hemodialysis treatment area for surveillance of patients using dialysis machines.

(B) Direct visual observation between a nurse station and each enclosure/room in the in-center unit shall be provided. Such observation shall provide a view of the patient’s face from a nurse station during the patient’s treatment. Where a sub-charting station is provided in the corridor, it shall be recessed a minimum of 18 inches to prevent chairs or equipment from encroaching in the corridor width. Video cameras shall be prohibited as a substitution for direct visual observation but are permitted as additional safety precautions. Omission of this requirement shall be permitted for home training rooms.

(C) Multiple mobile or permanent nurse stations in a multiple-occupant patient care room shall be permitted where they are located out of the path of normal traffic and under staff control. A tech station shall not substitute for a nurse station.

(2) A medication safety zone shall be provided in accordance with §520.68 of this chapter (relating to Medication Safety Zone). A medication safety zone shall be centrally located and shall be located at least six feet from any individual bed, gurney, or dialysis chair.

(3) Where a nourishment area or room is provided, it shall be in accordance with the §520.69 of this chapter (relating to Nourishment Area or Room).

(4) Where blankets or other linens are offered, a clean linen storage area shall be provided in accordance with §520.71 of this chapter (relating to Clean Workroom or Clean Supply Room) and shall comply with the following requirements.

(A) The clean linen storage shall not share the same space where the biomed technician services the dialysis machines.

(B) A covered cart or cabinet may meet the requirement under this paragraph where the covered cart is out of the path of normal traffic and under staff control.

(5) A hand-washing station shall be provided in accordance with §520.67 of this chapter. It shall be within five feet of the clean linen storage area or parking space dedicated to the covered cart.

(6) Where soiled linen is generated, a designated space with a dedicated container shall be provided. Soiled linen shall not have a direct connection with clean linen.

(7) Emergency equipment storage space shall be provided in accordance with §520.73(c)(6) of this chapter (relating to Equipment Storage).

(8) An environmental services room shall be provided in accordance with §520.74 of this chapter (relating to Environmental Services Room). An environmental services room shall not be inside the hemodialysis water treatment equipment area.

(f) A facility must comply with the following requirements for providing dialysis support accommodations.

(1) Where dialyzers are processed for reuse, a dialyzer reprocessing room shall be provided.

(A) The dialyzer reprocessing room shall provide a one-way flow of materials from soiled to clean.

(B) This room shall be equipped with the following features:

(i) refrigeration for temporary storage of dialyzers;

(ii) decontamination/cleaning areas;

(iii) hand-washing station provided in accordance with §520.67 of this chapter;

(iv) processors;

(v) computer processors and label printers;

(vi) packaging area; and

(vii) dialyzer storage cabinets.

(2) Where a central dialysate mixing/delivery system is used to provide individual dialysate solutions for treatment of patients requiring special dialysate prescriptions, a dialysate preparation room shall be provided and shall meet the following requirements.

(A) The dialysate preparation room shall provide a space to accommodate the dialysate mixing and distribution equipment.

(B) This room shall be equipped with the following features:

(i) work counter;

(ii) hand-washing station provided in accordance with §520.67 of this chapter;

(iii) storage space;

(iv) dirty sink provided in accordance with subsection (c)(8) of this section; and

(v) treated water outlet where a separate treated water distribution system is provided in accordance with §520.184(k)(7)(B) of this subchapter.

(3) An equipment repair room maybe combined with the medical equipment shop, as described in §520.156(h) of this subchapter (relating to Engineering and Maintenance Services). The following requirements shall be met where a dialysis unit provides an equipment repair room.

(A) The equipment repair room shall be equipped with the following features:

(i) hand-washing station provided in accordance with §520.67 of this chapter;

(ii) treated water outlet for equipment maintenance and utility service sink, with a minimum depth of 12 inches for equipment connection and testing;

(iii) work counter; and

(iv) storage cabinet.

(B) Where equipment is repaired outside of the licensed facility, a dedicated equipment repair holding space shall be provided.

(4) Where testing is conducted in the dialysis unit, a water supply and drain connection for testing machines shall be provided.

(5) Where provided, a hemodialysis water treatment equipment area shall be in a dedicated secured area and provide space to access all components of the equipment. The area shall provide a floor drain.

(g) Support areas for staff shall meet the following requirements.

(1) Where a staff lounge is provided, it shall be in accordance with §520.81 of this chapter (relating to Staff Lounge).

(2) Staff toilet shall be provided in accordance with §520.82 of this chapter (relating to Staff Toilet Room).

(3) Lockers shall be provided and may be outside the dialysis unit where they are within 75 foot travel distance from the unit and on the same floor.

(4) The staff support areas required under this subsection may be shared with other patient care units and patient treatment areas.

(h) Support areas for patients shall meet the following requirements.

(1) A patient weight scale shall be provided in the hemodialysis patient care area.

(2) A patient toilet room shall be provided in accordance with §520.76 of this chapter (relating to Patient Toilet Room). The patient toilet shall be provided immediately accessible to the dialysis unit. The patient toilet room is not required where all patients are located on the same floor and are located less than 75 feet from the dialysis unit.

§520.131. Radiation Therapy Unit.

(a) Where radiation therapy services are offered to patients, a radiation therapy patient unit shall be provided and shall meet the requirements of this section.

(b) An external beam radiation therapy unit shall comply with the following requirements.

(1) An examination room shall be provided for each external beam radiation therapy room. The requirements are described in subsection (f)(4) of this section.

(2) A radiation therapy room shall comply with the following requirements.

(A) Simulator, accelerator, brachytherapy, and cobalt rooms shall be sized to accommodate the following:

(i) equipment;

(ii) access to equipment for patient on a gurney;

(iii) medical staff access to the equipment and patient; and

(iv) service access to equipment.

(B) Radiation therapy rooms shall be sized in compliance with the manufacturer’s technical specifications.

(C) Where a table is used, the room shall be sized to provide a minimum clearance of four feet on three sides of the table to facilitate bed transfer and provide access to the patient.

(D) The door swing shall not encroach in the equipment or on patient circulation or transfer space.

(3) A support area for the external beam radiation therapy suite shall comply with the following.

(A) A support area for the linear accelerator shall provide a mold room with exhaust hood and hand-washing station; and a block room with storage. A facility may combine the mold and block support rooms required by this subparagraph.

(B) A hot lab for the cobalt room shall be provided in accordance with §520.129(c)(12)(O) of this division (relating Imaging Unit).

(c) A radiosurgery unit (gamma knife or cyber knife systems) shall comply with the following requirements.

(1) The radiosurgery suite shall be readily accessible to the imaging services suite to facilitate image acquisition before radiosurgery treatment.

(2) An examination room shall be provided for each radiosurgery room in accordance with subsection (f)(4) and (f)(5) of this section. A radiosurgery unit is not required to comply with this subparagraph where single-occupant pre- and post-procedure patient care rooms are provided in the radiosurgery suite.

(3) A radiosurgery room shall comply with the following requirements.

(A) Radiosurgery (i.e., gamma knife/cyber knife) rooms shall be sized to accommodate patient access on a gurney, medical staff access to the equipment and patient, and service access.

(B) Radiosurgery rooms shall be sized and configured to accommodate the manufacturer’s technical specifications.

(C) A minimum clearance of four feet shall be provided on all sides of the treatment table for maintenance access and clearance around the table sufficient to facilitate patient transfer.

(D) The door swing shall not encroach in the equipment or patient circulation or transfer space.

(E) A hand-washing station shall be provided in each radiosurgery treatment room.

(4) Where pre- and post-procedure/recovery patient care stations are provided, the stations shall meet the requirements in §520.47 of this chapter (relating to Pre- and Post-Procedure Patient Care and Phase II Recovery Unit).

(5) The following support spaces for radiosurgery rooms and areas shall be provided:

(A) space for sterilization of head-frames;

(B) target planning;

(C) medication safety zone provided in accordance with §520.68 of this chapter (relating to Medication Safety Zone);

(D) nourishment area or mini-fridge;

(E) storage for head-frames, which shall be permitted at each pre- and post-procedure patient care station;

(F) separate toilet rooms for patients and staff; and

(G) area for sedation of pediatric patients.

(6) Additional support areas for the radiosurgery device shall comply with the following requirements.

(A) A work counter to accommodate a small autoclave shall be provided.

(B) Where a radiosurgery device that uses a radioactive source is installed, a delivery route that meets the manufacturer’s requirements shall be provided.

(7) A Patient changing room in the radio surgery suite shall be provided in accordance with §520.77 of this chapter (relating to Patient Changing Room). A radio surgery suite where single-occupant rooms, bays, or cubicles are provided in the unit is not required to comply with the patient changing room requirement in this paragraph.

(d) A proton therapy unit shall comply with the following requirements.

(1) Rooms and spaces shall be provided to accommodate the equipment manufacturer’s technical specifications.

(2) Location of proton therapy physical spaces in a radiation therapy unit shall be permitted.

(3) Two examination rooms shall be provided for each proton therapy room. The requirements are described in subsection (f)(3) and (f)(4) of this section.

(4) Proton therapy treatment rooms shall comply with the following requirements.

(A) Proton therapy rooms shall be sized to accommodate the following:

(i) proton therapy equipment;

(ii) patient access on a gurney;

(iii) medical staff access to the equipment;

(iv) patient in-room storage of equipment devices; and

(v) service access.

(B) Proton therapy rooms shall be sized to promote a balance between clinical support requirements and the needs of the specific equipment.

(i) The room shall be sized to provide a minimum clearance of 4 feet on three sides of the treatment table to facilitate bed transfer and provide access to the patient.

(ii) The door swing shall not encroach in the equipment or patient circulation or transfer space.

(C) Cyclotron unit’s program requirements depend on specific proton therapy equipment.

(D) A hand sanitation station shall be located immediately inside or outside the entrance to the proton therapy room.

(5) At least two patient holding bays for gurneys shall be provided for each proton therapy treatment room.

(A) The gurney bays shall be located adjacent to the treatment rooms and screened for privacy.

(B) A separate waiting area shall be provided for queued patients. Separation and privacy of outpatient and inpatient populations shall be provided.

(6) The following shall be provided to support areas for proton accelerators:

(A) general supply storage in treatment room for patient care supplies;

(B) storage for patient positioning devices, permitted in or next to the treatment room;

(C) storage for patient-specific treatment devices (e.g., apertures and compensators); and

(D) post-treatment storage for patient-specific treatment devices (e.g., apertures and range compensators).

(i) The devices shall be a separate shielded room. Requirements for radioactive shielding shall be verified with the hospital radiophysicist.

(ii) The storage room required by clause (i) of this subparagraph does not need to be in the immediate vicinity of the proton therapy suite.

(iii) The room required by clause (i) of this subparagraph may be shared with other services.

(e) A radiation therapy unit shall meet the following architectural details.

(1) The floor structure shall meet the minimum load requirements for equipment, patients, and medical staff.

(2) Ceiling-mounted equipment shall provide properly designed rigid support structures located above the finished ceiling.

(3) Where entry into the radiation vault is via direct-shielded door, both a motor-driven automatic opening system and a manual emergency opening system shall be provided.

(4) The height and width of doorways, elevators, and mazes shall allow delivery of equipment and replacement sources into treatment rooms.

(f) The following support areas for radiation therapy shall be provided. These areas may be shared between different services in the radiation therapy suite or other areas.

(1) An Office shall be provided. Where a reception area is provided, the office may be combined with the reception area.

(2) Equipment and supply storage shall be provided and comply with the following requirements.

(A) A gurney storage area shall be immediately accessible to the radiation therapy treatment rooms.

(B) The gurney storage area may be combined with a waiting area for outpatients.

(C) The size of the area will depend on the program for outpatients and inpatients.

(3) An environmental services room shall be provided in accordance with §520.74 of this chapter (relating to Environmental Services Room) of this chapter.

(4) Each examination room shall provide a shall provide a minimum 100 square feet clear floor area with a minimum 8 foot clear dimensions.

(5) Each examination room shall be equipped with a hand-washing station.

(g) Where optional support areas for radiation therapy are provided, they shall comply with the following requirements.

(1) Offices for oncologist and physicist.

(2) Consultation room. A consultation room is not required where all single-occupant prep/holding rooms are provided.

(3) Quality control area with an image viewing station.

(h) Support areas for patients shall comply with the following requirements.

(1) A waiting area for gowned patients shall be provided adjacent to the changing area. Provisions shall be made for patient privacy in the waiting area.

(2) Toilet rooms reserved for radiation therapy patients shall be directly accessible to waiting areas and procedure rooms.

(3) A patient changing room shall be provided in accordance with §520.77 of this chapter.

(A) Two changing rooms shall be provided for each proton therapy room.

(B) At least one space shall be large enough for staff-assisted dressing.

§520.132. Rehabilitation Therapy Unit.

(a) Where rehabilitation therapy services are offered in a group setting, a rehabilitation therapy patient unit shall be provided and shall meet the requirements of this section. This section shall apply to both inpatient and outpatient therapy services, and the areas serving those services shall be permitted to be combined. Rehabilitation therapy may include one or more categories of services. Where two or more rehabilitation services are provided, the services shall be permitted to share common areas. This section shall not apply to rehabilitation therapy services performed at the patient’s bed side.

(b) Physical therapy areas shall comply with the following requirements.

(1) Space shall be provided for carrying out each type of therapy service offered. An area shall be provided for exercise. Physical therapy areas shall be permitted to share the space with the occupational therapy areas. A physical therapy area shall be permitted in a rehabilitation therapy patient care unit where the following requirements are met.

(A) Physical therapy area shall be clearly marked so that equipment or patient using the equipment does not encroach in the egress corridor or path of traffic. Where the physical therapy area in open to the egress corridor in a patient care unit, the facility’s functional program shall indicate the licensed facility’s policy to restrict the encroachment of equipment in the egress corridor.

(B) When the number of patient care station or equipment is increased, the room shall meet the requirements of this section and an application package shall be submitted to HHSC's Architectural Review Unit (ARU).

(C) Patient toilet room shall be provided in accordance §520.76 of this chapter (relating to Patient Toilet Room). Omission of this requirement shall be permitted where only inpatient services are provided, where the travel distance is within 150 feet from the farthest patient care bedroom on the same floor.

(2) A room for individual therapy areas shall comply with the following requirements.

(A) Further requirements are provided in §520.121 of this division (relating to General). Definitions of clearance, clear dimension, and clear floor area are described in §520.2 of this chapter (relating to Definitions). Space requirements shall be based on the equipment used for therapeutic treatment and shall allow access to the equipment.

(B) The following minimum clearances shall be provided:

(i) Three feet around the sides of a therapy equipment, except at the head.

(ii) Where therapy equipment faces each other, a minimum corridor clearance of four feet shall be provided from the foot of a therapy equipment or other fixed object to allow a clear unobstructed passage for equipment, wheelchairs, staff, patients, and visitors.

(C) An individual therapy room shall be equipped with the following features.

(i) Work counter shall be provided and suitable for wheelchairs.

(ii) Hand-washing station provided in accordance with §520.67 of this chapter (relating to Hand-Washing Station).

(iii) Patient privacy shall be provided in accordance with §520.101(e) of this subchapter (relating to General).

(I) Each individual patient care station shall provide access to privacy screens or curtains.

(II) Windows in therapy areas shall provide features, curtains, or shades to provide patient privacy.

(3) Support areas for physical therapy shall comply with the following requirements.

(A) A nurse station shall be provided in accordance with §520.62 of this chapter (relating to Nurse Station).

(i) Direct visual observation between a nurse station or staff work area and each patient care stations in the physical therapy area shall be provided. Such observation shall provide a view of the patient’s body while using the equipment. Omission of this requirement shall be permitted at a single-occupant therapy room.

(ii) Video cameras may not a substitute for direct visual observation but may be used as additional safety precautions.

(B) A physical therapist office shall be provided in accordance with §520.64 of this chapter (relating to Nurse Office).

(C) Spaces shall be provided for storing wheelchairs, lifts, and gurneys and shall be out of traffic paths. These spaces maybe separate from the physical therapy area but shall be immediately accessible to the unit.

(D) A secured equipment and supply storage room for potentially harmful supplies and equipment shall be provided. The storage room shall be permitted outside the physical therapy unit where the travel distance is within three foot travel distance from the unit, on the same floor, and the storage room is dedicated to the physical therapy unit.

(E) A clean supply room shall be provided in accordance with §520.71 of this chapter (relating to Clean Workroom or Clean Supply Room).

(i) The clean supply room may be shared with other patient care units or patient treatment units where it is on the same floor as the patient care unit it serves and within 30 foot travel distance from the farthest patient care unit or patient treatment unit.

(ii) Clean supply cabinets may substitute for a clean supply room where in the infusion unit.

(F) A soiled workroom or soiled holding room shall be provided in accordance with §520.72 of this chapter (relating to Soiled Workroom or Soiled Holding Room). Location of the soiled holding room may be shared with other patient care units or patient treatment units where it is on the same floor as the patient care unit it serves and within 30 foot travel distance from the farthest patient care unit or patient treatment unit.

(G) An environmental services room shall be provided in accordance with §520.74 of this chapter (relating to Environmental Services Room). Location of the environmental services room may be outside the physical therapy unit where the travel distance does not exceed 75 feet from the unit and shall be on the same floor. The environmental services room may share with other patient care units.

(c) Occupational therapy areas shall comply with the following requirements.

(1) The area shall meet the requirements of this section where occupational therapy services are provided.

(2) An occupational therapy area shall provide a classroom/dining room area or teaching area or both and shall not share its area with any other function, such as the dietary unit’s dining area.

(A) Each classroom/dining area shall provide at least a combined floor area of 25 square feet per licensed bed plus an additional 30 square feet for the instructor and instructional resources, and the area shall not be less than 150 square feet area, excluding corridors, whichever is greater.

(B) Work counters for patients shall be provided and shall be suitable for wheelchair access.

(3) An area for teaching activities of daily living shall be provided and equipped as if the patients were in a residential environment.

(A) The area shall be equipped with the following features.

(i) A teaching bedroom with a bed and a chair shall be provided.

(ii) The bathroom shall be in addition to other toilet and bathing requirements for a teaching bathroom. The bathroom fixtures may be non-operational.

(iii) Teaching kitchen with countertop, sink, kitchen appliances, and dining table and chair shall be provided. The kitchen appliances may be non-operational. Where an electrical range is provided and operational, a cut-off switch shall be installed.

(iv) Space for training stairs shall be provided.

(B) An equipment storage area shall be provided for functional equipment resembling a residential environment so patients can learn to use such equipment at home.

(C) Hand-washing stations that comply with §520.67 of this chapter shall be provided in each room where therapy or teaching is conducted.

(D) Spaces shall be provided for storing wheelchairs, lifts, and gurneys out of traffic while patients are using the services. These spaces may be separate from the service area but shall be immediately accessible.

(d) Where prosthetics and orthotics are part of the service, the following shall be provided.

(1) This area shall provide provision for privacy.

(2) Hand-washing stations shall be provided in accordance with §520.67 of this chapter in each room where therapy or teaching is conducted.

(A) Where staff are required to work with or mix wet material or handle material or chemicals that are caustic, a hand-washing station shall be provided.

(B) Where staff are not required to work with or mix wet material or handle material or chemicals that are caustic to the skin, a hand sanitation dispenser or a hand-washing station shall be provided.

(3) Where prosthetic and orthotic areas need running water for materials preparation, at least one clinical sink shall be provided.

(4) Where staff are required to work with or mix wet material or handle material or chemicals that are caustic, at least one hand-washing sink shall provide an attached eyewash station in accordance with §520.184(j)(12) of this subchapter (relating to Plumbing Systems).

(5) Storage accommodations for equipment and supplies shall be provided.

(6) A work counter shall be provided.

(e) Where speech and hearing services are offered, a room for evaluation and treatment shall be provided.

(1) Hand-washing stations shall be provided in accordance with §520.67 of this chapter in each room where speech and hearing service is conducted.

(2) The room shall minimize external sound from high-traffic, public, and similar noisy areas.

(f) Where portable hydrotherapy equipment is are used, the requirements of §520.184(j)(13) of this subchapter shall be met.

(g) Where a medication safety zone is provided it, shall be in accordance with §520.68 of this chapter (relating to Medication Safety Zone).

(h) Staff toilet room shall be provided in accordance with §520.82 of this chapter (relating to Staff Toilet Room). Staff toilet room shall be permitted to be shared with other patient care units or patient treatment units where it is on the same floor as the patient care unit it serves and within 30 foot travel distance from the unit.

(i) Staff storage shall be provided in accordance with §520.83 of this chapter (relating to Staff Storage).

(j) The following Support areas for outpatients shall be provided.

(1) Waiting area shall be provided in accordance with §520.75 of this chapter (relating to Outpatient Waiting Area).

(2) Public toilet room shall be provided in accordance with §520.162(e) of this subchapter (relating to Public Areas).

(3) Patient changing room shall be provided in accordance with §520.77 of this chapter (relating to Patient Changing Room).

(A) The outpatient changing room shall be permitted outside the unit where the travel distance is within 15 feet from the unit on the same floor.

(B) At least two handicapped accessible changing rooms shall be provided, divided by gender.

§520.133. Respiratory Therapy Unit.

(a) Where respiratory therapy services are offered to patients, a respiratory therapy patient unit shall be provided and shall meet the requirements of this section.

(b) A room for cough-inducing and aerosol-generating procedures shall comply with the following requirements.

(1) All cough-inducing procedures performed on patients who may have infectious Mycobacterium tuberculosis shall be performed in a room using local exhaust ventilation devices (e.g., booths or special enclosures that have discharge high efficiency particulate air (HEPA) filters and exhaust directly to the outside).

(2) Where a ventilated booth is used, the air exchange rate in the booth shall be at least 12 air changes per hour, with a minimum exhaust flow rate of 50 cfm and differential pressure of 0.01″ w.c. (2.5 Pa).

(3) Room shall meet the requirements in ANSI/ASHRAE/ASHE 170 for airborne infection.

(c) Where respiratory services such as testing and demonstration for outpatients are offered, the requirements in this subsection shall be met.

(1) A reception area shall be provided in accordance with §520.75(c) of this chapter (relating to Outpatient Waiting Area).

(2) A room for patient testing, education, and shall be provided in accordance with §520.45 of this chapter (relating to Examination Room or Emergency Unit Treatment Room).

(d) Support areas for respiratory therapy services shall comply with the following requirements.

(1) A reception area shall be provided in accordance with §520.75(c) of this chapter. Where outpatient testing and demonstration services are adjacent, this area may be combined with the reception area.

(2) Office shall be provided for filing and retrieving patient records.

(e) A reprocessing room shall be provided and meet the requirements of this section. This room provides spaces and utilities to clean and disinfect respiratory therapy equipment. Omission of this requirement shall be permitted where the cleaning and decontaminating of the respiratory equipment is performed in the Sterile Processing Unit, as described in §520.144(a) of this subchapter (relating to Sterile Processing Unit).

(f) Where a dedicated reprocessing room is provided, it shall meet the following requirements.

(1) The room shall provide an orderly work flow, from the decontamination area to a clean area and then to storage, to minimize cross-traffic that might mix clean and soiled operations.

(2) This room shall be equipped with at least the following features:

(A) work counters for drop-off, soaking tubs, and pasteurization units;

(B) documentation area;

(C) hand-washing station provided in accordance with §520.67 of this chapter (relating to Hand-Washing Station); and

(D) a 12-inch minimum deep sink for washing instruments.

(g) A staff toilet shall be provided in accordance with §520.82 of this chapter (relating to Staff Toilet Room). Room shall be readily accessible to the respiratory therapy patient unit.

(h) Staff storage shall be provided in accordance with §520.83 of this chapter (relating to Staff Storage). Staff storage shall be immediately accessible to each work area.

(i) Waiting area for outpatients shall be provided in accordance with §520.75 of this chapter.

(j) Public toilet room shall be provided in accordance with §520.162(e) of this chapter (relating to Public Areas).

§520.134. Cancer Treatment/Infusion Therapy Unit.

(a) Where infusion therapy (cancer treatment or chemotherapy) services are offered, an infusion therapy patient unit shall be provided and shall meet the requirements of this section. A facility where patient bedside infusion is performed is not required to comply with this section.

(b) Infusion area shall be separate from administrative and waiting areas. The waiting area shall be screened from unrelated traffic, under staff control, and separated by walls and a door from the infusion area.

(c) Provision of inpatient services in critical care units or other designated areas in the licensed facility shall be permitted where those areas meet the requirements of this section.

(d) Areas for infusion of pediatric and adult patients shall be physically separated by walls (transparent or non-transparent) and doors.

(e) A room for infusion treatment shall comply with the following requirements.

(1) Infusion area shall be permitted to consist of bays, cubicles, or single-occupant patient rooms, or a combination. Minimum number of stations shall be determined by the governing body.

(2) Where an airborne infection isolation (AII) patient room is provided, it shall be in accordance with §520.41 of this chapter (relating to Airborne Infection Isolation Room). The need for and number of AII rooms shall be determined by the governing body, based on the risk to patients. The facility’s functional program shall address the need for any AII room.

(3) Further space requirements are provided in §520.121 of this division (relating to General). Definitions of clearance, clear dimension, and clear floor area are described in §520.2 of this chapter (relating to Definitions).

(A) Single-occupant treatment room shall provide a minimum 100 square feet clear floor area with a minimum 9 foot headwall length.

(B) Multi-occupant room shall provide a minimum 80 square feet clear floor area per patient care station with a minimum 8 foot headwall length per patient care station.

(4) The following minimum clearances shall be provided:

(A) A single-occupant room shall have three feet on the transfer side, three feet on the non-transfer side, and three feet at the foot of the bed.

(B) Three feet between the side of a patient recliner and adjacent walls/partitions, and three feet between the side of adjacent patient recliners, and two feet between the foot of a recliner and its cubicle curtain. Where recliners face each other, a clear unobstructed width of four feet shall be provided at the foot of each individual infusion patient care stations, outside of the required square feet treatment area, for passage of equipment, wheelchairs, and medical staff.

(5) This room shall be equipped with a hand-washing station in accordance with §520.67 of this chapter (relating to Hand-Washing Station).

(6) A patient toilet room in accordance with §520.76 of this chapter (relating to Patient Toilet Room) shall be provided in the infusion area.

(f) Support areas for infusion unit shall be provided and comply with the following requirements.

(1) Nurse station shall be provided in accordance with §520.62 of this chapter (relating to Nurse Station).

(A) Nurse stations shall be designed to provide visual observation of each patient care station.

(B) Nurse stations shall be out of the direct line of traffic.

(C) Hand-washing station shall be in, next to, or directly accessible to the nurse station, which shall be permitted to be counted as part of the minimum sink requirements where it is accessible and not directly behind the nurse station.

(2) A medication safety zone shall be provided in accordance with §520.68 of the chapter (relating to Medication Safety Zone).

(3) A nourishment area or room shall be provided in accordance with §520.69 of this chapter (relating to Nourishment Area or Room).

(4) A clean supply room shall be provided in accordance with §520.71 of this chapter (relating to Clean Workroom or Clean Supply Room).

(A) The clean supply room may be shared with other patient care units or patient treatment units where it is on the same floor as the patient care unit it serves and within 30 feet travel distance from the farthest patient care unit or patient treatment unit.

(B) Clean supply cabinets may substitute for a clean supply room where in the infusion unit.

(5) A soiled workroom or soiled holding room shall be provided in accordance with §520.72 of this chapter (relating to Soiled Workroom or Soiled Holding Room).

(6) Equipment storage for gurney and wheelchair storage space shall be provided in accordance with §520.73(e) of this chapter (relating to Equipment Storage).

(7)A dedicated environmental services room shall be provided in accordance with §520.74 of this chapter (relating to Environmental Services Room).

(g) Support areas for staff shall meet the following requirements.

(1) Staff lounge shall be provided in accordance with §520.81 of this chapter (relating to Staff Lounge).

(2) Staff toilet shall be provided in accordance with §520.82 of this chapter (relating to Staff Toilet Room) and shall be in the unit or readily accessible in the unit.

(h) Support areas for patients shall meet the following requirements.

(1) A waiting room shall be provided in accordance with §520.75 of this chapter (relating to Outpatient Waiting Area). A cancer treatment or infusion unit where only inpatients are served is not required to comply with this paragraph.

(2) A public toilet room shall be provided in accordance with §520.162(e) of this subchapter (relating to Public Areas).

(3) Storage for patient belongings shall be in the infusion area where the governing body policy allows storage for patient belongings.

§520.135. Hyperbaric Unit.

(a) Where hyperbaric services are offered to patients receiving clinical hyperbaric oxygen therapy, a hyperbaric patient unit shall be provided and shall meet the requirements of this section.

(b) The hyperbaric treatment area and a hyperbaric chamber shall meet the requirements of the “Hyperbaric Facilities” chapter in NFPA 99: Health Care Facilities Code.

(c) Hyperbaric chambers shall be installed before a final architectural inspection.

(d) Hyperbaric treatment area shall be a Class A chamber or a Class B chamber and the room where it is contained shall meet this subsection.

(1) Multiplace (Class A chamber) physical spaces shall comply with the following requirements.

(A) The space provided to house Class A chambers and supporting equipment shall accommodate the equipment manufacturer’s technical specifications but shall not be less than the minimum clearances listed in this section.

(B) There shall be a minimum clearance of three feet around the chamber, except for areas designed for gurney or stretch access and areas designed for wheelchair access which shall provide the following minimum clearances.

(i) The area in front of chamber entries designed for gurney or stretcher access shall provide a minimum clearance of eight feet for gurney or stretcher approach. A minimum clearance of eight feet shall be provided for gurney or stretcher approach from the main door of the hyperbaric patient care area to the front of the hyperbaric chamber.

(ii) The area in front of chamber entries designed for ambulatory or wheelchair access only shall provide a minimum clearance of five feet for wheelchair approach from the main door of the hyperbaric patient care area to the front of the hyperbaric chamber.

(C) Entries designed for wheelchairs or gurneys shall be provided with access ramps that are flush with the chamber entry doorway.

(D) Chamber entries not designed for gurney/stretcher access shall be a minimum of three feet.

(2) Monoplace (Class B chamber) physical spaces shall be installed before a final architectural inspection and meet the following requirements.

(A) The space provided to house Class B chambers and supporting equipment shall accommodate the equipment manufacturer’s technical specifications but shall not be less than the minimum clearances listed in this section.

(B) Minimum clearances shall be two feet around the chamber, except where the oxygen service valve is located at each chamber. Clearance shall permit the valve to be located so it is visible and accessible to the chamber operators. This is in addition to the zone valve that is required to control the oxygen flow to the entire room.

(e) A hyperbaric treatment unit shall provide the following features.

(1) Pre-procedure patient care area shall be provided in accordance with §520.48 of this chapter (relating to Diagnostic Patient Holding). Omission of the patient holding area shall be permitted for two or fewer Class B hyperbaric chambers.

(2) The support areas shall be provided in accordance with §520.134(f) of this subchapter (relating to Cancer Treatment/Infusion Therapy Unit).

(A) Where the hyperbaric physical space is included as an integral portion of another service (e.g., a wound care unit), support areas shall be permitted to be shared.

(B) Hand-washing station shall be provided in the room where the hyperbaric chambers are located in accordance with §520.67 of this chapter (relating to Hand-Washing Station).

(C) Where a clinical examination room is provided, it shall be in accordance with §520.42 of this chapter (relating to Clinical Examination Room).

(3) A gas cylinder room shall be provided for Class A facilities and provide, at minimum, space to house eight (H) cylinders and two gas manifolds, consisting of at least two (H) cylinders on each manifold. Where dedicated medical gases are not provided from another area in the licensed facility, this room shall be large enough to accommodate storage of enough (H) cylinders and manifolds for the reserve medical gases required for chamber operations.

(4) An environmental services room shall be provided in accordance with §520.74 of this chapter (relating to Environmental Services Room) and shall be immediately accessible to the hyperbaric suite.

(5) The soiled holding room shall be immediately accessible to the hyperbaric patient care unit and may be combined with another patient care unit.

(6) The compressor room shall be large enough to house the chamber compressors, accumulator tanks, and fire suppression system. Reserve breathing gases shall be permitted in the compressor room if the room is in the hyperbaric suite.

(f) At least one toilet room with a hand-washing station that meets the requirements in §520.67 of this chapter shall be immediately accessible to the hyperbaric suite for staff use.

(g) Support areas for patients shall comply with the following requirements.

(1) Waiting room shall be provided in accordance with §520.75 of this chapter (relating to Outpatient Waiting Area).

(A) Omission of the waiting room requirement in this paragraph shall be permitted where only inpatients are served, however, where provided shall meet the requirements of this paragraph.

(B) Omission of the outpatient waiting area shall be permitted with two or fewer Class B hyperbaric chambers.

(2) A public toilet room shall be provided in accordance with §520.162(e) of this subchapter (relating to Public Areas). The public toilet room shall be directly accessible to the area where the hyperbaric chambers are located.

(3) A patient changing room shall be provided in accordance with §520.77 of this chapter (relating to Patient Changing Room).

TITLE 26 HEALTH AND HUMAN SERVICES

PART 1 HEALTH AND HUMAN SERVICES COMMISSION

CHAPTER 520 REQUIREMENTS FOR DESIGN, CONSTRUCTION, AND FIRE SAFETY IN HEALTH CARE FACILITIES

SUBCHAPTER C SPECIFIC REQUIREMENTS FOR GENERAL AND SPECIAL HOSPITALS

DIVISION 4 PATIENT SUPPORT UNITS

§520.141. Laboratory Unit.

(a) Each licensed facility shall provide basic laboratory services in accordance with subsection (b) of this section for equipment and activities for testing of specimen collection and processing. Where organized laboratory services are performed, this entire section shall be met. The specimen collection unit shall be permitted to be in a remote location from the laboratory unit.

(b) A specimen collection unit in the basic laboratory unit shall comply with the following requirements.

(1) At least one blood draw room shall be provided. Omission of this section shall be permitted where blood draw is performed in the laboratory unit and meets the requirements of this section.

(2) This room shall be equipped with the following features.

(A) Work counters in areas used for specimen handling, preparation of specimens or reagents, and laboratory testing shall be constructed of non-porous materials.

(B) A hand-washing station shall be provided in accordance with §520.67 of this chapter (relating to Hand-Washing Station) with an attached eyewash station in accordance with §520.184(j)(12) of this subchapter (relating to Plumbing Systems).

(C) A refrigerator shall be provided in accordance with subsection (c)(5)(D) of this section.

(D) Storage for supplies and equipment used in obtaining samples for testing shall be provided.

(E) Space for patient seating shall be provided.

(3) At least one handicapped accessible patient toilet room for urine and feces collection shall be provide in accordance with §520.76 of this chapter (relating to Patient Toilet Room) and meet the following requirements.

(A) Shelf, countertop, or furniture shall be provided to hold specimen collection.

(B) Specimen collection toilet room shall be permitted to be outside the blood draw room where it is within 25 foot travel distance of each other.

(C) Specimen collection toilet room shall be permitted to be combined with the emergency unit where it is within 25 foot travel distance of each other.

(c) A laboratory work area or room shall comply with the following requirements.

(1) Laboratory services shall be located in the licensed facility in accordance with §520.9 of this chapter (relating to Licensed Facility Location), unless noted in other facility-specific subchapters in this chapter as follows:

(A) Subchapter C, Specific Requirements for General and Special Hospitals;

(B) Subchapter D, Specific Requirements for Private Psychiatric Hospitals;

(C) Subchapter E, Specific Requirements for Crisis Stabilization Units;

(D) Subchapter F, Specific Requirements for Ambulatory Surgical Centers;

(E) Subchapter G, Specific Requirements for Freestanding Emergency Medical Care Facilities;

(F) Subchapter I, Specific Requirements for End Stage Renal Disease Facilities;

(G) Subchapter J, Specific Requirements for Home Training Only End Stage Renal Disease Facilities; or

(H) Subchapter L, Specific Requirements for Mobile/Transportable Units).

(2) Tests that are waived by the Food and Drug Administration (FDA) under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) shall be permitted to be performed in areas open to other spaces.

(3) Laboratory services shall be prohibited in the same designated area or room where medication preparation and dispensing activities are performed.

(4) A laboratory work area or room shall comply with the following codes.

(A) NFPA 45: Standards on Fire Protection for Laboratories Using Chemicals.

(B) NFPA 30: Flammable and Combustible Liquids Code. Where flammable or combustible liquids are used, the liquids shall be stored in approved containers.

(5) At least one area or room shall be provided for laboratory work and shall be equipped with at least the following features:

(A) Work counters in areas used for specimen handling, preparation of specimens or reagents, and laboratory testing shall be constructed of non-porous materials.

(B) Hand-washing station shall be provided in accordance with §520.67 of this chapter and shall meet the following minimum count:

(i) Hand-washing station shall be provided at one workstation.

(ii) Hand-washing station shall be provided within 25 foot travel distance of all testing and specimen-handling areas at two or more workstations.

(iii) Hand-washing station shall be provided in each enclosed room for bio-hazardous specimens or hazardous chemicals area.

(C) Emergency eyewash shall be provided as described in §520.184(j)(12) of this subchapter (relating to Plumbing Systems). Emergency showers shall be provided based on the types and volumes of chemicals used in a lab.

(D) Refrigerated storage for specimens waiting for transfer out of the licensed facility for testing is required. The refrigerator shall be lockable or in a secured room. It shall be equipped with temperature monitoring and alarm signal. The alarm signal shall indicate a temperature increase or malfunction and shall sound an audible warning signal. Documentation of the appropriate temperature for such storage shall be maintained onsite. Where blood is stored, it shall meet the requirements of the CLIA standards for blood banks.

(E) Storage for supplies and equipment used in obtaining samples for testing or reagents, specimens, flammable materials, acids, bases, and other supplies used.

(F) Equipment and supplies for testing.

(G) Access to the following shall be provided as required:

(i) vacuum and gases;

(ii) tele/data service;

(iii) electrical service; and

(iv) computer and printer.

(6) Support areas for laboratory unit shall comply with the following requirements.

(A) Equipment shall be provided for terminal sterilization of bio-hazardous waste before transport (autoclave or electric oven). Omission of this requirement shall be permitted for waste incinerated at the licensed facility’s site. Where the licensed facility includes a biosafety Level III lab, autoclave requirements shall conform with Section IV of the Centers for Disease Control and Prevention Biosafety in Microbiological and Biomedical Laboratories (BMBL).

(B) Where radioactive materials are employed, accommodations for long-term storage and disposal of these materials shall be provided in accordance with the requirements of authorities having jurisdiction. The facility’s functional program shall indicate if radioactive materials are employed.

(C) Exiting through a biological waste holding room shall be prohibited.

(d) Location of support areas for staff shall be permitted outside the unit where they are within 75 feet travel distance and on the same floor. Sharing of these areas with other patient care units or administration areas shall be permitted. Sharing of these areas with other patient care units or administration areas shall be permitted where this requirement is met.

(1) A staff lounge shall be provided in accordance with §520.81 of this chapter (relating to Staff Lounge).

(2) A staff toilet shall be provided in accordance with §520.82 of this chapter (relating to Staff Toilet Room).

(e) Where a waiting area is provided for visitors, it shall be in accordance with §520.162(d)(4) of this subchapter (relating to Public Areas).

§520.142. Pharmacy Unit.

(a) Each licensed facility shall provide basic pharmacy services in accordance with this section. A licensed facility that has fewer than 17 licensed beds and provides a medication safety zone in accordance with §520.68 of this chapter (relating to Medication Safety Zone) is not required to comply with this section. However, where provided, basic pharmacy services shall meet the requirements of this section. Satellite pharmacy units shall be permitted and shall meet the requirements of this section.

(b) Where a retail pharmacy is adjacent to the boundary of the licensed facility, it shall meet the following requirements.

(1) A pneumatic space tube for the retail pharmacy is prohibited from sharing with the licensed facility.

(2) The retail pharmacy shall be separated (vertically and horizontally) in accordance with §520.9(e) of this chapter (relating to Licensed Facility Location) and its building systems are separated in accordance with Division 8 of this subchapter (relating to Building Systems).

(3) The retail pharmacy shall be fully sprinklered in accordance with §520.189(f) of this subchapter (relating to Fire Sprinkler System).

(4) The retail pharmacy public entrance from a site shall not be through the licensed facility, however, other doors leading into the licensed facility shall be permitted.

(c) A pharmacy room or unit shall be accessible to clinical areas. Access shall be controlled.

(d) At least one dispensing room shall be provided for pharmacy work and shall meet USP <795>: Pharmaceutical Compounding—Nonsterile Preparations. This room is used for receiving, unpacking, and inventory control of materials used in the pharmacy. This room shall be equipped with the following.

(1) Work counter or counters with enough length for automated and manual dispensing activities with provisions for packaging and labeling.

(2) Hand-washing station provided in accordance with §520.67 of this chapter (relating to Hand-Washing Station).

(3) An extemporaneous compounding for drug preparation.

(4) A quality control area for reviewing, recording, and cross-checking medication and drug profiles of individual patients.

(5) An area for temporary storage, exchange, and restocking of carts.

(6) The refrigerator shall be lockable or in a secured room. It shall be equipped with temperature monitoring and alarm signal. The alarm signal shall indicate a temperature increase or malfunction and shall sound an audible warning signal. Documentation of the appropriate temperature for such storage shall be maintained onsite. Refrigerated storage shall be powered in accordance with §520.183(k)(6)(C) of this subchapter (relating to Electrical Systems).

(7) Cabinets, shelves, and separate rooms or closets, or any combination thereof shall be provided for the following.

(A) Bulk storage.

(B) Active storage.

(C) Where storage for volatile fluids and alcohol is provided, the fire safety cabinet or storage room shall be in accordance with applicable fire safety codes for the substances involved.

(D) Secured lockable storage for narcotics and controlled drugs shall be provided in accordance with Code of Federal Regulations, Title 21.

(E) Equipment and supply storage for general supplies and equipment not in use shall be permitted to be outside the pharmacy unit where the travel distance is no farther than 50 feet from the pharmacy unit and on the same floor.

(8) A pharmacological information area with access to poison control, reaction data, and drug information shall be provided.

(e) Where sterile work areas are provided, the sterile work areas shall meet the requirements in this subsection.

(1) The pharmacy shall preclude unrelated traffic through the intravenous (IV) and hazardous drug IV preparation rooms.

(2) Where robotic systems are used in the preparation of IV solutions in either a positive pressure IV preparation room or a negative pressure hazardous drug IV prep room, the robotics shall be separate systems and shall not pass from one room to the other.

(3) A pressure alarm shall be located at each entrance into a IV prep room, hazardous drug IV preparation room, and their anteroom. They shall be permanently mounted to the wall. They shall sound an audible alarm when the pressure is not correctly maintained. Alarms shall be powered in accordance with §520.183(k)(6)(C) of this subchapter.

(4) A hand-washing station shall be provided in the pharmacy room where open medications are prepared. Hand washing sink in pharmacy unit’s sterile work areas shall be provided in accordance with USP <800>: Hazardous Drugs—Handling in Healthcare Settings and USP <797>: Pharmaceutical Compounding—Sterile Preparations.

(5) Where IV solutions are prepared in the pharmacy, a sterile work room shall be provided and shall meet the requirements of USP <797>: Pharmaceutical Compounding—Sterile Preparations and the requirements in this section.

(A) The laminar-flow workstation shall include a nonhydroscopic filter rated at 99.97 percent high efficiency particulate air (HEPA), as tested by dioctyl phthalate (DOP) tests.

(B) The laminar-flow workstation shall provide a visible pressure gauge for detection of filter leaks or defects.

(6) Where hazardous drugs are prepared in the pharmacy unit, a separate room shall be provided for preparation of hazardous drug IV admixtures under a Class II (Type A2, B1, or B2) or Class III biological safety cabinet. The hazardous drugs IV preparation room shall meet the requirements of USP <800>: Hazardous Drugs—Handling in Healthcare Settings.

(f) Pharmacy unit support areas shall comply with the following requirements.

(1) An office shall be provided.

(2) A multipurpose room shall be provided in accordance with §520.65 of this chapter (relating to Multipurpose Room) for education and training.

(3) Where medication is dispensed to outpatients from the hospital pharmacy, an area for consultation and patient education shall be provided.

(g) Location of support areas for staff shall be permitted outside the unit where they are within 75 feet travel distance and on the same floor. These areas may be shared with other patient care units or administration areas where this requirement is met.

(1) A staff lounge shall be provided in accordance with §520.81 of this chapter (relating to Staff Lounge).

(2) A staff toilet shall be provided in accordance with §520.82 of this chapter (relating to Staff Toilet Room).

(h) Where a waiting area is provided for visitors, it shall be in accordance with §520.162(d)(4) of this subchapter (relating to Public Areas).

§520.143. Dietary Unit.

(a) Each licensed facility shall provide at least one of the following three dietary units in this section: distribution dietary unit in accordance with subsection (g) of this section; warming dietary unit in accordance with subsection (h) of this section: or central dietary unit in accordance with subsection (i) of this section.

(1) Regardless the dietary service selected, a dietary unit shall meet the requirements in subsections (b) - (f) of this section.

(2) The facility’s functional program shall indicate which one of the three dietary service units is provided and identify how the food is assembled and distributed.

(3) A licensed facility shall not mix spaces, functions, and equipment amongst the three types of dietary units.

(b) A dietary unit shall comply with the following general requirements.

(1) Additional food services shall be permitted in special dining areas, such as a physicians’ dining room, conference center, boardroom, or training room.

(2) Retail food service spaces shall be permitted where the spaces are contracted from the hospital and the hospital is the governing body. Retail food services areas, cafes, or minimal amounts of storage may be remote from the dietary service unit.

(3) Where dietary unit renovations or equipment upgrades are undertaken, mobile food trucks shall be permitted where complying with Subchapter L of this chapter (relating to Specific Requirements for Mobile/Transportable Units). Mobile food trucks shall require a final architectural inspection before preparing patient meals.

(4) The space and equipment location shall provide a one-way traffic pattern, where the soiled wares are transported from the point of use to the ware wash area, then cleaned and moved to a clean storage area, to prevent contamination of clean wares or food preparation areas with soiled wares. Soiled trays or tray carts shall not pass through food preparation areas or areas with open food. Where the food service unit is on multiple floors, a dedicated elevator and an internal service stair connecting the multi-level food service operations shall be provided.

(c) Regardless of the type of dietary unit selected in this section it shall comply with the following requirements and standards, as applicable:

(1) U.S. Food and Drug Administration (FDA);

(2) U.S. Department of Agriculture (USDA);

(3) Underwriters Laboratories, Inc. (UL);

(4) National Sanitation Foundation International (NSF);

(5) local health department; and

(6) American Gas Association, where an oven, either range or cooktop, and any other large cooking or heating equipment is provided.

(d) A dietary unit shall comply with working condition in accordance with §520.5(k)(4) of this chapter (relating to Licensed Facility Obligations).

(e) A dietary unit shall maintain the following required documents.

(1) Food and water during emergency as described in §520.5(i)(4) of this chapter.

(2) Where a distribution dietary unit or a warming dietary unit option is selected, a signed and dated contract shall be provided which indicates the location of the licensed facility who receives the food service and the location of the food service provider. The executed contract shall be retained at the licensed facility and provided during a final architectural inspection.

(f) Notwithstanding subsection (a) of this section, any dietary unit shall meet the following room requirements.

(1) Food preparation surfaces or countertops shall be provided with enough space to perform the required tasks. Counter shall be maintained in an organized manner to support effective use.

(2) At least one hand-washing station shall be provided in accordance with §520.67 of this chapter (relating to Hand-Washing Station) in every room where food is handled, prepared, sorted, or served, except where provided, a walk-in refrigerator, a walk-in cooler, or a walk-in freezer. In addition, a hand-washing station shall be provided within 20 foot travel distance of each food preparation or serving area, or as required by local codes, whichever is more stringent.

(3) Refrigerator and freezer, or a combination shall be provided. A refrigerator used for storage of medications shall maintain temperatures to ensure medications are kept at appropriate temperatures for such storage. Documentation of temperatures shall be maintained at the licensed facility.

(4) Ice-making equipment shall be provided in accordance with §520.70 of this chapter (relating to Ice-Making Equipment). Ice-making equipment shall be permitted in the food preparation area or in a separate room where the equipment is directly accessible to the food preparation area.

(5) Microwave, food-warming equipment, or both shall be provided. Where commercial equipment is provided, it shall maintain hot temperatures in accordance with local, state, and federal requirements, including the FDA Food Code.

(6) Coffee-maker shall be provided.

(7) Where large cooking equipment is provided, the cooking equipment shall be mounted on casters with locking brakes for ease of cleaning requirements. Flexible quick-disconnects or plug connectors with restraining devices shall be used to minimize damage to utility connection points during cleaning or service.

(8) Storage cabinets or mobile shelving shall be provided for dry/canned food storage and shall be easily cleanable. Where mobile shelving is provided, the bottom shelf shall be solid and shall be located no less than 10 inches above the finished floor.

(9) A refrigerator and a freezer shall be provided and shall meet the requirements the following requirements. Where a cooler is provided, it shall meet the following requirements.

(A) Commercial-grade refrigeration shall be provided to hold chilled and frozen food at temperatures in accordance with local, state, and federal requirements, including HACCP (Hazard Analysis Critical Control Point) Principles & Application Guidelines and the FDA Food Code.

(B) Thermostatic controls shall be provided and shall maintain desired temperature settings in increments of two degrees or less.

(C) Refrigerator and, where provided, cooler shall maintain a temperature down to freezing.

(D) Freezer shall maintain a temperature of 20 degrees below 0°F.

(E) Interior temperatures shall be indicated digitally on the exterior of the equipment in accordance with FDA Food Code safe food handling guidelines and verification standards. Controls shall include audible and visible high- and low-temperature alarms. The time of the alarm shall be automatically recorded.

(F) Refrigerator shall be lit when opened.

(10) Food cart space shall be provided for the food service carts to be parked where unloading of the meals for distribution and parking carts when not in use.

(11) Covered trash containers with tight-fitting lids shall be provided.

(12) A receiving area shall be provided in accordance with §520.151 of this subchapter (relating to Service Entrance). This area may be remote to the unit.

(13) Dining space shall be provided for ambulatory patients, staff, and visitors. Dining shall be permitted in a separate room or open to the corridor, however, the spaces shall not encroach in the corridor width. A multi-purpose room shall not substitute for the dining area. The dining area maybe remote to the unit. Where self-service is provided, the path of travel, tables/chairs, and casework used for self-service shall accommodate wheelchair access.

(A) A special hospital with only licensed in-hospital skilled nursing beds and where the patients dine in the patient care unit’s dining, recreation, or day spaces is not required to comply with this subsection.

(B) A special hospital with only licensed comprehensive medical rehabilitation beds and where the patients dine in the patient care unit’s dining, recreation, or day spaces is not required to comply with this subsection.

(C) Space requirements are provided in §520.121 of this subchapter (relating to General). Definitions of clearance, clear dimension, and clear floor area are described in §520.2 of this chapter (relating to Definitions).

(i) The dining area or room shall provide a minimum of 25 square feet per licensed bed or 120 square feet, whichever is greater.

(ii) In a multi-tenant building where a guest hospital and a host hospital reside, the required dining space for the guest hospital may be combined with the host hospital where the total square footage for the combined licensed beds is not less than the required area. When the host hospital license is voided, the guest hospital shall provide a dining space at the time the host hospital licensed is voided. A final architectural inspection shall occur to verify the dining space is in the guest hospital at or before the host hospital’s license is voided. Where a dining room is not provided at the time of a final architectural inspection, the guest hospital’s license may be voided.

(g) Where another hospital provides meals per the contracts in paragraph (1) of this subsection, a licensed facility may provide a distribution dietary unit in accordance with subsection (b) of this section and the requirements in this subsection are met. The distribution dietary unit sorts the received meals and provides minimal equipment to prepare emergency meals, snacks between scheduled meals, and after-hours meals.

(1) A hospital under one of the following contracts may provide a distribution dietary unit in accordance with subsection (b) of this section:

(A) A multi-licensed hospital where at least one of its hospital, under the same license, provides a centralized dietary unit;

(B) In a multi-tenant building where a host hospital and a guest hospital reside, and the host hospital has a centralized dietary unit; or

(C) A hospital has an agreement with another hospital that has a centralized dietary unit and is located within three miles.

(2) A room shall be provided with a minimum 150 square feet clear floor area with minimum 12 foot clear dimensions.

(3) Electrical requirements shall be provided in accordance with §520.183(i)(5)(E)(ii) and §520.183(k)(6)(C)(ix) of this subchapter (relating to Electrical Systems).

(A) Ware-wash accommodations include a double-bowl sink with faucet and sprayer. This sink may be combined with the hand-washing station, where only one bowl is dedicated to washing hands. Single-use disposable serving dishes and utensils shall not substitute for a double-bowl sink.

(B) Where a dishwasher is provided, it shall be an NSF-listed automatic dishwashing unit.

(h) Where the licensed facility has a service contract with an outside vendor for food service, a warming dietary unit shall be provided in accordance with subsection (f) of this section. This room shall provide minimal equipment to support staff oversight of operations for cooking and baking of frozen prepared meals, and distributing individual packaged portions furnished by a contracted, outsourced services.

(1) The outside vendor shall provide a dietitian who serves the hospital on a full-time, part-time, or consultant basis. The outside vendor shall maintain frequent and systematic liaison with the hospital medical staff for recommendations of dietetic policies affecting patient treatment. The hospital shall ensure that there are sufficient personnel to respond to the dietary needs of the patient population being served.

(2) A room shall be provided with a minimum 150 square feet clear floor area with minimum 12 foot clear dimensions.

(3) Electrical requirements shall be provided in accordance with §520.183(i)(5)(E)(ii) and §520.183(k)(6)(C)(ix) of this subchapter.

(A) A three-compartment sink with an integral sloped drainboard on both the clean and soiled sides shall be provided.

(B) Ware-washing space shall be provided and separated from the food preparation and serving area. Space shall provide an area for receiving, scraping, sorting, and stacking soiled tableware. An NSF-listed automatic dishwashing unit shall be provided for dinnerware and utensil washing.

(C) An oven shall be provided.

(D) Range or cooktop shall be provided.

(E) Office or desk spaces shall be provided in or adjacent to the distribution dietary unit for personnel to manage food supplies.

(F) A staff toilet shall be provided in accordance with §520.82 of this chapter (relating to Staff Toilet Room).

(i) The staff toilet shall not open directly into the food prep area.

(ii) The staff toilet room may be shared with other non-patient care or non-patient treatment units where it is on the same floor as the warming dietary unit and within 50 feet travel distance.

(G) Lockable storage units for staff personal items, such as lockers, shall be provided. Storage may be shared with other non-patient care or non-patient treatment units where it is on the same floor as the warming dietary unit and within 50 feet travel distance.

(H) An environmental services room shall be provided in accordance with §520.74 of this chapter (relating to Environmental Services Room). The environmental services room may be shared with other non-patient care or non-patient treatment units where it is on the same floor as the warming dietary unit and within 50 feet travel distance.

(i) Where food services are provided in the licensed facility or where the requirements are not met for a distribution dietary unit per subsection (g) of this section or a warming dietary unit per subsection (h) of this section, a central dietary unit shall be provided in accordance with subsections (b) - (f) of this section and this subsection. This unit shall provide equipment for conventional food preparation, cooking, and baking to serve staff, visitors, and patients.

(1) Electrical requirements shall be provided in accordance with §520.183(i)(5)(E)(ii) and §520.183(k)(6)(C)(ix) of this subchapter. Space to accommodate equipment required and space for food preparation, cooking, and baking.

(A) Food preparation surfaces or countertops shall be provided. They shall provide a combined length equal to or greater than the length of all commercial cooking equipment. Counter shall be maintained in an organized manner to support effective use.

(B) A three-compartment sink with an integral sloped drainboard on both the clean and soiled sides shall be provided. Where only one three-compartment sink is provided, it shall be prohibited in the ware washing room.

(C) Space shall be provided for patient food assembly in a non-public service area.

(D) Parking space for the dietary carts shall be provided storing carts when not in use. Carts shall be provided to support distribution of the meals.

(E) Where walk-in coolers, refrigerators, and freezers are provided, they shall meet the following requirements:

(i) A coved base shall be provided on the interior and exterior.

(ii) A view panel shall be provided in the door.

(iii) Safety release mechanism on the inside shall be provided to allow for exiting.

(iv) Mobile shelving shall be provided for food storage. It shall be easily cleanable, corrosion-resistant, and constructed and anchored to support a load of at least 100 lbs. per linear foot. The mobile shelving’s bottom shelf shall be solid and shall be located no less than 10 inches above the finished floor.

(v) Walk-in unit shall be lit when occupied.

(vi) Sprinkler heads shall be provided, however, sprinkler heads directly over shelving units shall be prohibited.

(vii) Walk-in unit’s walls and ceiling shall be insulated. It shall be constructed with a recessed insulated floor that is flush with the adjoining finished floor. Panels on the exterior of the unit shall be provided to fur around gaps between the adjacent wall and the units.

(F) Clean ware storage area shall be provided and shall be directly adjacent to the ware wash room.

(G) Ware-washing room shall be provided to prevent contamination of clean wares or food preparation areas with soiled wares. This room shall be equipped with at least the following:

(i) space shall be provided for receiving, scraping, sorting, and stacking soiled tableware and for transferring clean tableware to point-of-use areas;

(ii) pre-rinse sink, in addition to and separate from the hand-washing sink;

(iii) an NSF-listed automatic high temperature conveyor (pass-through) dishwashing unit shall be provided for dinnerware and utensil washing, which shall be furred around the opening into the clean area in the kitchen;

(iv) hand-washing station shall be provided with accordance with §520.67 of this chapter; and

(v) door shall be directly adjacent to the clean ware area and the door shall be provided in accordance with §520.172(c) of this subchapter (relating to Architectural Details).

(H) Office or desk spaces for dietitians, a dietary service manager, head chef, or other food service professional shall be provided in or adjacent to the central dietary unit.

(I) A staff toilet shall be provided in accordance with §520.82 of this chapter.

(i) Staff toilets shall be for the exclusive use of the dietary staff.

(ii) Staff toilet shall not open directly into the food prep area or food storage areas.

(iii) Room shall be permitted to be outside the central dietary unit where it is on the same floor and within 30 foot travel distance and a sign is posted at the entrance to each toilet room to identify the dietary staff use.

(J) Lockable storage units for staff personal items, such as lockers, shall be provided and shall be permitted to be outside the central dietary unit where it is on the same floor and within 30 foot travel distance.

(K) Environmental services room shall be provided in accordance with §520.74 of this chapter.

(i) Environmental services room shall be for the exclusive use of the dietary staff.

(ii) Room shall not open directly into the food prep area or food storage areas.

(iii) Room shall be permitted to be outside the central dietary unit where it is on the same floor and within 30 foot travel distance and a sign is posted at the entrance to identify the dietary staff use.

§520.144. Sterile Processing Unit.

(a) Where sterile processing services are required or performed, a sterile processing unit shall be provided and meet the requirements of this section. Sterile processing outside a licensed facility where a contractual agreement and the requirements in subsection (b) of this section are met is not required to comply with this requirement.

(1) The sterile processing unit shall be in the semi-restricted area.

(2) Sterile processing accommodations shall be designed to provide a one-way traffic pattern, where the contaminated item shall be transported from the point of use to the decontamination room or decontamination area and cleaned. The clean item shall move to the clean workroom or clean work area, where it shall be readied for sterilization, packaged, and sterilized.

(3) The two-room sterile processing unit shall consist of a decontamination room and a clean workroom that are physically separated by a wall containing a door or pass-through window that can be closed and secured or a built-in washer/disinfector with a pass-through door or window. A sterilizer access room for maintaining the equipment shall be provided where required by the sterilizer manufacturer.

(A) A decontamination room shall comply with the following requirements.

(i) The decontamination room shall be sized to accommodate the space and clearances needed for the equipment used.

(ii) This room shall be equipped with the following features.

(I) Work counter or counters with enough length for a documentation area.

(II) Hand-washing station shall be provided with accordance with §520.67 of this chapter (relating to Hand-Washing Station).

(III) Three-basin sink with counter.

(IV) Clinical sink with a bedpan-rinsing device in accordance with §520.184(j)(9) of this subchapter (relating to Plumbing Systems).

(V) Eyewash station shall be provided where required by the licensed facility. Where an eyewash station is not provided, the facility’s functional program shall note the reason.

(VI) Storage for decontamination supplies and personal protective equipment (PPE).

(VII) Space for waste and soiled linen receptacles.

(VIII) Instrument air outlet or portable compressed air for drying instruments in accordance with §520.1209 of this chapter (relating to Station Outlets for Oxygen, Vacuum, Medical Air, and Instrument Air Systems).

(B) A clean workroom shall comply with the following requirements.

(i) The clean room shall be sized to accommodate the space and clearances needed for the equipment used, such as a steam sterilizer (manual load, cart, or countertop) or a low-temperature sterilizer sitting on a countertop.

(ii) This room shall be equipped with the following features.

(I) Work counter or counters with enough length for a documentation area.

(II) Hand-washing station shall be provided with accordance with §520.67 of this chapter.

(III) Storage for sterilization supplies.

(IV) Instrument air outlet or portable compressed air for drying instruments in accordance with §520.1209 of this chapter.

(V) Cooling area for sterilization cart where the sterilizer is loaded/unloaded using a rolling cart.

(VI) A sterile storage space shall be provided for storage of sterile instruments and supplies and where provided case cart storage. Sterile storage space shall be permitted in a separate storage room.

(4) Where sterilization equipment is limited to a table-top or similar-sized sterilizer, a one-room sterile processing room may substitute for the two-room sterile processing unit. A one-room sterile processing room, consisting of a decontamination area, a clean work area, and clean supply storage shall meet the following requirements.

(A) The one-room sterile processing room may have one entrance where it is located approximately equidistant from the clean and decontamination sides of the room and provides a one-way traffic pattern of contaminated materials/instruments to cleaned materials/instruments to the sterilizer or mechanical processor. A three foot minimum clearance shall be provided between the decontamination area and the clean work area.

(B) A decontamination area shall meet the following requirements.

(i) The decontamination area shall be sized to accommodate the space needed for the equipment used.

(ii) This area shall be equipped with the following features:

(I) Countertop with space for equipment used and a documentation area.

(II) Hand-washing station shall be provided in accordance with §520.67 of this chapter with an attached eyewash station, as outlined in §520.184(j)(12) of this subchapter. This sink shall be separate from the required instrument-washing sink.

(III) A two-basin sink with a backsplash at least 12 inches high shall be provided for washing instruments. A single-basin sink with a backsplash at least 12 inches high may substitute where alternative methods for leak testing and pre-cleaning are provided. The facility’s functional program shall indicate where alternative methods for leak testing and pre-cleaning are provided.

(IV) Screen shall be provided and shall extend a minimum of four feet above the sink rim to avoid splashing into the clean area. A minimum of four foot distance from the edge of the sink to the clean area shall be permitted as a substitute for the screen.

(V) Where required by the equipment used to fry instruments, an instrument air outlet or space for a portable compressed air shall be provided in accordance with §520.1209 of this chapter.

(VI) Storage space for decontamination supplies and PPE.

(C) A clean work area shall comply with the following requirements.

(i) The clean work area shall be sized to accommodate the minimum equipment space and clearances indicated in equipment manufacturers’ guidelines.

(ii) This area shall be equipped with the following features:

(I) Countertop with space for equipment used and a documentation area.

(II) Sterilizer as required for the services provided.

(III) Storage accommodations for supplies.

(IV) Where required by the equipment used to fry instruments, an instrument air outlet or space for a portable compressed air shall be provided in accordance with §520.1209 of this chapter.

(V) Where an automated endoscope reprocessor is used, space and utility connections shall be provided as indicated in the manufacturer’s guidelines.

(VI) Storage for sterile and clean instruments and supplies shall be provided in the clean work area of the one-room sterile processing room. Staff shall not cross through the decontamination area to access the clean instruments. A cabinet with doors shall be provided and shall be located at least three feet from any sink. Clean instruments and supplies storage shall be permitted to be outside of the one-room sterile processing room.

(5) Support areas for sterile processing unit shall comply with the following requirements.

(A) A clean/sterile medical/surgical supply receiving area or room shall be provided for receiving/unpacking clean/sterile supplies received from outside the unit of the licensed facility. The room shall hold exterior containers, which are deemed dirty and may harbor various infectious agents.

(B) Where the licensed facility uses an equipment consignment process, a room shall be provided where instrument vendors can deliver, inventory, inspect, and prepare their consigned equipment for delivery into the sterile processing area. This room shall be adjacent to the sterile processing area without providing direct access into it. This room shall be permitted to hold used equipment for vendor pickup of used equipment.

(6) A staff changing unit shall be provided in accordance with §520.84 of this chapter (relating to Staff Changing Unit) and may be shared with the surgical unit or cesarean delivery unit.

(b) Where sterile processing services are required and performed outside a licensed facility, a contractual agreement shall be permitted where the requirements of this subsection are provided in the licensed facility.

(1) A facility’s functional program shall indicate if sterile processing services are provided via contractual agreement and if disposables and prepackage surgical supplies are used.

(2) During an architectural inspection, the facility shall provide the contractual agreement for sterile processing services. Sterile processing procedures outside of the licensed facility shall meet the licensed facility’s infection control criteria for sterilizing locations and transportation and handling methods for sterilized supplies, even where disposable supplies are used.

(3) A room for clean/sterile medical/surgical supplies delivered shall be provided in accordance with subsection (a)(5)(A) of this section.

(4) A room for holding of soiled instruments shall be provided in accordance with §520.72 of this chapter (relating to Soiled Workroom or Soiled Holding Room).

(5) At least one sterilizer shall be provided in the semi-restricted corridor. The sterilizer shall be selected for the provisions of sterile processing, regardless if a sterile processing contractual service is used and shall be provided in accordance with §520.183(k)(6)(C)(iii) of this subchapter (relating to Electrical Systems).

§520.145. Laundry Unit.

(a) Each licensed facility shall provide linen service for the processing and storage of soiled and clean linen used for patient care and support and a laundry unit shall be provided and meet the requirements in this section. Linen processing outside the licensed facility where a contractual agreement and the requirements in subsection (h) of this section are met are not required to comply with this requirement.

(b) A laundry processing room shall be provided to accommodate the washing and drying of laundry.

(1) A laundry room shall provide an orderly work flow, from the decontamination area to a clean area and then to storage, to minimize cross-traffic that might mix clean and soiled operations.

(2) This room shall be equipped with the following features:

(A) Space for commercial or industrial washing and drying equipment that can process at least a seven-day supply of laundry during the regularly scheduled work week.

(B) Hand-washing station shall be provided in accordance with §520.67 of this chapter (relating to Hand-Washing Station) in the laundry processing room.

(C) Storage shall be provided for all supplies necessary for laundry operations.

(c) A clean linen storage room shall be provided for storage of clean linen storage and issuing those items. This clean linen storage room is required in addition to any patient or staff laundry room or any clean workroom or clean holding room in the individual patient care units or patient diagnostic/treatment areas. The clean linen storage room may be combined with the laundry processing room.

(d) A clean linen inspection room shall be provided for inspection, removal of lint, mending, folding, assembling, and packaging of clean linen. The room shall provide space for a table, shelving, and storage. A clean linen inspection room is not required where these services are combined in the clean linen storage room.

(e) A soiled linen holding room shall be provided for soiled linen receiving and holding that meets the requirements in §520.72 of this chapter (relating to Soiled Workroom or Soiled Holding Room). This soiled linen holding room is in addition to any patient or staff laundry room or any soiled workroom or soiled linen holding room in the individual patient care units or patient diagnostic/treatment areas.

(1) A hand-washing station shall be provided in accordance with §520.67 of this chapter. A hand-washing station shall be provided in each room where soiled linen is processed or handled.

(2) Discharge from soiled linen chutes shall be received in a separate room adjacent to the soiled holding room.

(f) A cart storage area shall be provided and be a separate dedicated area for parking of clean and soiled linen carts and shall be out of traffic.

(g) An environmental service room shall be provided in accordance with §520.74 of this chapter (relating to Environmental Services Room).

(h) Where linen processing services are performed outside a licensed facility, a contractual agreement shall be permitted where the requirements of this section are provided in the licensed facility.

(1) During an architectural inspection, the licensed facility shall provide the contractual agreement for the linen services. Linen procedures outside of the licensed facility shall meet the licensed facility’s infection control criteria for laundry locations and transportation and handling methods for clean linens.

(2) A soiled linen holding room shall be provided in accordance with the requirement §520.72 of this chapter. This soiled holding room shall be in addition to the linen storage required at individual patient units. A licensed hospital with fewer than 17 licensed beds is not required to provide a soiled linen holding room under this paragraph.

(A) Room shall be sized to accommodate a cart.

(B) Discharge from soiled linen chutes shall be received in a separate room adjacent to the soiled holding room.

(3) A clean linen storage room shall be provided in accordance with the requirement in §520.71 of this chapter (relating to Clean Workroom or Clean Supply Room) and shall be sized to accommodate a cart. This clean holding room shall be in addition to the linen storage required at individual patient units. A licensed hospital with fewer than 17 licensed beds is not required to provide a clean linen storage room under this paragraph.

(4) A cart storage area shall be provided. It shall be a separate, dedicated area for parking of clean and soiled linen carts. This area may be combined with both the soiled linen holding room and the clean linen storage room where the rooms are sized to accommodate all the carts for the laundry services. Carts shall not be stored in the egress corridor. Where linen carts are parked for a short period of time in the egress corridor, the linen carts shall be located out of traffic.

(5) A service entrance shall be provided in accordance with §520.151 of this subchapter (relating to Service Entrance).

(6) A control station shall be provided for pickup and receiving of soiled and clean linen. This control station may be shared with other functions. A facility’s functional program shall indicate the location of the control station.

(i) A decentralized laundry room shall comply with the following requirements.

(1) A decentralized laundry room for washing and drying patient laundry in the licensed facility shall meet the requirements in this subsection, except where required or provided by the facility-specific subchapter in this chapter as follows:

(A) Subchapter C, Specific Requirements for General and Special Hospitals;

(B) Subchapter D, Specific Requirements for Private Psychiatric Hospitals;

(C) Subchapter E, Specific Requirements for Crisis Stabilization Units;

(D) Subchapter F, Specific Requirements for Ambulatory Surgical Centers;

(E) Subchapter G, Specific Requirements for Freestanding Emergency Medical Care Facilities;

(F) Subchapter I, Specific Requirements for End Stage Renal Disease Facilities;

(G) Subchapter J, Specific Requirements for Home Training Only End Stage Renal Disease Facilities; or

(H) Subchapter L, Specific Requirements for Mobile/Transportable Units).

(2) The decentralized laundry room shall provide an orderly work flow, from the decontamination area to a clean area and then to storage, to minimize cross-traffic that might mix clean and soiled operations by divided into distinct soiled (sorting and washing) and clean (drying and folding) areas.

(3) The decentralized laundry room shall be large enough to accommodate the washing and drying of laundry.

(4) The decentralized laundry room shall be equipped with the following features.

(A) A work counter for sorting and folding shall be provided in the laundry room.

(B) A hand-washing station shall be provided in accordance with §520.67 of this chapter. The hand-washing station shall be located in, next to, or directly accessible to the dedicated linen processing unit.

(C) Storage shall be provided for all supplies necessary for laundry operations.

(D) An automatic washer shall be provided and maintained in good working condition. Any plumbing equipment needed to meet the temperature requirements in §520.184(g)(3) of this subchapter (relating to Plumbing Systems) shall be provided.

(E) An electric dryer shall be provided and maintained in good working condition. The dryer shall meet the 2018 edition of the International Mechanical Code, Section 504, Clothes Dryer Exhaust.

(i) The dryer shall be located on an exterior wall. Where renovation work is undertaken, the dedicated linen processing unit shall be permitted to remain as originally built.

(ii) The dryer shall provide a lint filter.

(iii) The dryer shall be connected by a rigid or flexible metal venting material. The dryer’s air exhaust vent pipe shall not be restricted. The outdoor vent flap shall open when the dryer is in operation.

§520.146. Morgue Services.

(a) A general hospital shall provide basic morgue service in accordance with subsection (b) of this section for the care and handling of deceased patients, including the viewing, identification, or both of a body and the temporary holding or storage of bodies before transfer to a mortuary. The requirements of this section shall be met where organized morgue services are offered.

(b) A basic morgue unit (body-holding room) shall be provided in a general hospital and shall meet the requirements of this section. Where provided, the requirements of this subsection shall be met.

(1) The room shall be provided with a minimum of 70 square feet clear floor area with minimum seven feet clear dimensions to allow a parked transport trolley and sufficient space for maneuvering on the side of the transport trolley.

(2) The non-refrigerated body-holding room shall provide direct access to a staff corridor for discreet access to staff parking or dock parking. This location shall avoid the need for transporting a body through public areas.

(3) The room shall be well-ventilated and temperature-controlled.

(c) Where autopsies are performed, or morgue services are provided inside the licensed facility, the requirements of this subsection shall be met.

(1) An autopsy room shall be provided. The room or rooms shall be secured with controlled access.

(2) This room shall be equipped with the following features:

(A) a work counter;

(B) a hand-washing station provided in accordance with §520.67 of this chapter (relating to Hand-Washing Station);

(C) a deep sink, at least 12-inch deep, for washing specimens;

(D) storage accommodations for supplies, equipment, and specimens;

(E) an autopsy table;

(F) refrigerated accommodations for body holding powered in accordance with §520.183(k)(6)(C) of this subchapter (relating to Electrical Systems) and equipped with temperature-monitoring and alarm signals that annunciate at a 24-hour staffed location when the temperature exceeds a predetermined level; and

(G) where embalming fluid or fixatives containing formaldehyde are used, a combination emergency deluge shower and facewash shall be provided.

(3) An environmental services room shall be provided in accordance with §520.74 of this chapter (relating to Environmental Services Room).

TITLE 26 HEALTH AND HUMAN SERVICES

PART 1 HEALTH AND HUMAN SERVICES COMMISSION

CHAPTER 520 REQUIREMENTS FOR DESIGN, CONSTRUCTION, AND FIRE SAFETY IN HEALTH CARE FACILITIES

SUBCHAPTER C SPECIFIC REQUIREMENTS FOR GENERAL AND SPECIAL HOSPITALS

DIVISION 5 GENERAL SUPPORT UNITS

§520.151. Service Entrance.

(a) Each licensed facility shall provide a dedicated service entrance which meets the requirements of this section. The service entrance shall allow for unpacking or box breakdown, sorting, and staging of incoming materials and supplies. It shall be accessible from a designated delivery door. The delivery door shall be permitted to serve as a required exit from the licensed facility.

(b) Where a licensed facility is in a multi-tenant building, the service entrance and break down area may be shared with other tenants where it meets the requirements of this subsection.

(1) Where the breakdown area is located inside near the service entrance, a dedicated alcove shall be provided and recessed to prevent boxes from encroaching into the minimum clear width of the corridor. The facility’s functional program shall note both the breakdown area and the designated delivery door. The breakdown area shall not be in a soiled room or an environmental service room.

(2) The receiving area shall be separated from other occupied building areas and located so that noise and odors from operation will not adversely affect building occupants.

(3) The receiving entrance shall be separate from the public entrance and any emergency entrance so that patient areas are not compromised by the movement of arriving materials.

(4) The receiving area shall be segregated from waste staging and other outgoing materials-handling functions.

(5) Vehicles in the loading/unloading area shall not block or restrict movement of other vehicles in the drive or parking areas immediately adjacent to the hospital.

(6) Food deliveries, linen deliveries, and other such services shall be delivered to the appropriate service unit via an egress corridor or path. Travel through a general storage room shall be prohibited.

(c) Space shall be provided for vendor storage, the breakdown of boxes, and the delivery and transport equipment used, such as receiving carts/jacks, transport carts, and returnable items.

(d) A covered service entrance shall be provided and protected from inclement weather during the loading/unloading of supplies and materials from delivery trucks and other vehicles. A roof overhang or canopy shall be provided at the service entrance area and shall extend from the face of the exterior wall and over the delivery truck or transport vehicle loading/unloading doors for complete overhead coverage. The route from the delivery truck or transport vehicle to the service entrance door shall be completely covered.

(e) A service entrance door shall be located to ensure easy access to deliver and receive supply carts. The exterior door into the receiving area/corridor shall be a minimum four foot-wide by seven foot-high door.

§520.152. Cart Cleaning Unit.

(a) Each licensed facility shall provide at least one cart cleaning area to clean and sanitize carts.

(b) Accommodations for cleaning and sanitizing carts may be centralized or departmentalized either in an exterior area or room or in an interior room. In a multi-tenant building where a licensed host hospital and a licensed guest hospital or a crisis stabilization unit (CSU) reside, the cart cleaning accommodations may be shared. The host hospital shall be responsible for maintenance and upkeep of this area. When the host hospital license is voided, the guest hospital or CSU shall meet the requirements in this section and a final architectural inspection shall occur to ensure compliance.

(c) Where a cart cleaning area is located at the exterior of the building, a sloped floor containing a floor drain or flooring sloped away from the building shall be provided along with a high-pressure water and chemical hose/spray system and sanitizing agents. A hand-washing station shall be located within 10 feet inside or outside the building’s entrance.

(d) Where a cart cleaning rom is located at the interior of the licensed facility, a hand-washing station shall be provided. Where cart cleaning is provided in a designated area.

§520.153. Materials Management Unit.

(a) Each licensed facility shall provide a materials management unit and shall meet the requirements in this section, unless otherwise required in applicable facility-specific subchapters in this chapter as follows:

(1) Subchapter C, Specific Requirements for General and Special Hospitals;

(2) Subchapter D, Specific Requirements for Private Psychiatric Hospitals;

(3) Subchapter E, Specific Requirements for Crisis Stabilization Units;

(4) Subchapter F, Specific Requirements for Ambulatory Surgical Centers;

(5) Subchapter G, Specific Requirements for Freestanding Emergency Medical Care Facilities;

(6) Subchapter I, Specific Requirements for End Stage Renal Disease Facilities;

(7) Subchapter J, Specific Requirements for Home Training Only End Stage Renal Disease Facilities; or

(8) Subchapter L, Specific Requirements for Mobile/Transportable Units).

(b) An off-street unloading area shall be provided. It is a dedicated area, separated from public streets for unloading materials received at the licensed facility.

(c) A service entrance shall be provided in accordance with §520.151 of this subchapter (relating to Service Entrance).

(d) A materials management area shall be provided and shall be separate from a patient care area. This area is for the management of receiving, processing, and storing general supplies. In a multi-tenant building where a licensed host hospital and a guest hospital or crisis stabilization unit (CSU) reside, the materials management unit may be shared with the host hospital's consent. When the host hospital license is voided, the guest hospital or CSU shall provide a materials management unit and a final architectural inspection shall occur to ensure compliance.

(e) A central storage room shall be provided and shall consist of one or more storage rooms. This room is a separate dedicated room which is in addition to supply storage rooms/alcoves located in individual patient care units or patient diagnostic/treatment areas. A general storage room shall not be combined with the engineering and maintenance service rooms.

(1) The central storage room may be outside the building where route to the licensed facility is protected against inclement weather during the transfer of supplies and meet the requirements of this paragraph.

(A) Location of the general storage rooms shall be in a separate, concentrated area in the licensed facility, or in one or more individual storage buildings on the licensed facility’s site. Where any portion of the room is separated from the licensed facility’s building, the route from one building to the next shall be protected against inclement weather during the transfer of supplies and the requirements in this paragraph are met.

(B) Location of the central storage rooms may be off-site of the licensed facility where at least 50 percent of this storage is in the licensed facility. Where central storage is located off-site of the licensed facility, the licensed facility shall provide a contract during the final architectural inspection and shall maintain the contract in the licensed facility.

(C) In a multi-tenant building where a licensed host hospital and a licensed guest hospital or guest CSU reside, the central storage rooms may be shared where the host hospital is responsible for maintenance and upkeep of this area. When the host hospital license is voided, the guest hospital or guest CSU shall meet the requirements in this section and a final architectural inspection shall occur to ensure compliance.

(2) General storage rooms with a total area of no less than 20 square feet per inpatient bed shall be provided. Storage buildings on the hospital campus, used to meet the required square footage, shall be permanently located before the final architectural inspection occurs. When additional inpatient beds are added to the licensed facility’s bed count, additional general storage shall be provided. The facility’s functional program shall indicate the required square footage for storage and the actual square footage for newly constructed licensed facility or where inpatient beds are added.

§520.154. Waste Management Unit.

(a) Each licensed facility shall provide waste management accommodations in accordance with this section, unless otherwise required in applicable facility-specific subchapters in this chapter as follows:

(1) Subchapter C, Specific Requirements for General and Special Hospitals;

(2) Subchapter D, Specific Requirements for Private Psychiatric Hospitals;

(3) Subchapter E, Specific Requirements for Crisis Stabilization Units;

(4) Subchapter F, Specific Requirements for Ambulatory Surgical Centers;

(5) Subchapter G, Specific Requirements for Freestanding Emergency Medical Care Facilities;

(6) Subchapter I, Specific Requirements for End Stage Renal Disease Facilities;

(7) Subchapter J, Specific Requirements for Home Training Only End Stage Renal Disease Facilities; or

(8) Subchapter L, Specific Requirements for Mobile/Transportable Units).

(b) Waste collection and storage accommodations shall comply with the following requirements.

(1) All containers for municipal solid waste, including garbage and refuse storage containers, shall be leak-resistant, provide covers, and shall be rodent-proof. Where non-reusable containers are provided, they shall be of suitable strength to minimize animal scavenging or rupture during collection operations.

(2) Waste collection and storage accommodations shall comply with the following applicable standards.

(A) Texas Commission of Environmental Quality (TCEQ) requirements in Texas Administrative Code (TAC) Title 30 Chapter 326 (relating to Medical Waste Management) and the operational requirements in this chapter.

(B) 30 TAC Chapter 285 (relating to On-Site Sewage Facilities) for all sewage and liquid wastes disposed in a municipal sewage system or a septic tank system as permitted by the TCEQ.

(C) Local, state, and federal regulations for waste collection and storage and local sanitation requirements.

(3) Compactors and dumpsters shall be in an area remote from public entrances.

(4) Size of spaces provided for waste collection and storage shall be based on the following:

(A) categories and projected volume of waste;

(B) methods for handling and disposing of waste; and

(C) length of anticipated storage.

(5) Secured space shall be provided for regulated medical waste and other regulated waste types.

(A) Where an interior regulated waste holding space is provided, regulated medical waste or infectious waste holding spaces shall provide cleanable floor and wall surfaces and shall be provided on every patient care floor.

(B) Where an exterior regulated waste holding space is provided, it shall be equipped with the following:

(i) cleanable floor (and wall, where provided) surfaces;

(ii) protection from weather;

(iii) protection from animals;

(iv) protection from vermin infestation; and

(v) protection from unauthorized entry.

(C) Such regulated waste holding spaces shall provide illumination for a minimum of 50 foot candles.

(D) Where provided, refrigeration holding spaces shall comply with local and state regulations.

(6) Where provided, refuse chutes shall meet the requirements of applicable codes and standards, including NFPA 82: Standard on Incinerators and Waste and Linen Handling Systems and Equipment and NFPA 13: Standard for the Installation of Sprinkler Systems.

(c) Waste treatment and disposal accommodations shall comply with the following requirements

(1) Where provided, incinerators shall comply with local, state, and federal regulatory and environmental requirements. Incineration shall be in an area remote from public entrances.

(2) Incinerators shall comply with NFPA 82: Standard on Incinerators and Waste and Linen Handling Systems and Equipment.

(3) Where other types of non-incineration technologies are used by the licensed facility, the requirements of this paragraph shall be met. In a multi-tenant building, waste and waste disposal services, and waste processing and storage units may be shared where adequate storage is available. Space requirements for such technologies shall be determined by equipment requirements, including:

(A) associated areas for opening waste entry doors;

(B) access to control panels; and

(C) space for hydraulic lifts, conveyors, and operational clearances.

§520.155. Environmental Services.

An environmental services room shall be provided in accordance with §520.74 of this chapter (relating to Environmental Services Room).

§520.156. Engineering and Maintenance Services.

(a) Each licensed facility shall provide a facility manager’s office. This room shall be equipped with a file space to retain as-built drawings, records, and manuals.

(b) Mechanical and Electrical Equipment Rooms shall comply with the following requirements.

(1) Sufficient space shall be provided in mechanical, telecommunication, and electrical equipment rooms for proper maintenance of equipment, and the removal and replacement of equipment.

(2) Rooms or buildings shall be provided for boilers and mechanical and electrical equipment, except for the following:

(A) rooftop air-conditioning and ventilation equipment installed in weatherproof housing;

(B) emergency generators where the engine and appropriate accessories (i.e., batteries) are properly heated and enclosed in a weatherproof housing;

(C) cooling towers and heat rejection equipment;

(D) electrical transformers and switchgear where required to serve the licensed facility and where installed in a weatherproof housing;

(E) medical gas parks and equipment;

(F) air-cooled chillers where installed in a weatherproof housing;

(G) trash compactors;

(H) site lighting, post indicator valves, and other equipment normally installed on the exterior of the building; and

(I) telecommunication signaling or tower equipment.

(c) Mechanical, electrical, and telecommunications equipment rooms shall be secured with controlled access.

(d) Equipment and supply storage shall be provided. In a multi-tenant building where a licensed host hospital resides with another licensed facility, the spaces/rooms in this section may be shared where the host hospital is responsible for the maintenance and upkeep of the area and equipment, unless allowed in the facility-specific subchapters of this chapter.

(e) Storage for building maintenance supplies shall comply with the following requirements.

(1) A building maintenance storage room shall be provided for building maintenance supplies. In a multi-tenant building where the building has a maintenance storage room, is responsible for the maintenance, testing, and upkeep of the space, and consents to this arrangement, the licensed facility is not required provide a building maintenance storage room under this paragraph.

(2) Storage for solvents and flammable liquids shall comply with local, state, and federal code requirements.

(f) Where an outdoor equipment storage room is provided, it shall open directly to the exterior for the yard equipment and other yard maintenance supply storage. Yard equipment or vehicles using flammable liquid fuels shall not be stored or housed within the building which houses a licensed facility.

(g) Where provided, a general maintenance shop shall provide sufficient space to accommodate repair and maintenance requirements.

(h) Where provided, a medical equipment shop shall be a separate area or room for storage, repair, and testing of electronic and other medical equipment. The amount of space and type of utilities provided shall accommodate the type of equipment used in the licensed facility and the types of outside contracts used for equipment maintenance. Instrument air shall be permitted only where it is used for testing equipment.

TITLE 26 HEALTH AND HUMAN SERVICES

PART 1 HEALTH AND HUMAN SERVICES COMMISSION

CHAPTER 520 REQUIREMENTS FOR DESIGN, CONSTRUCTION, AND FIRE SAFETY IN HEALTH CARE FACILITIES

SUBCHAPTER C SPECIFIC REQUIREMENTS FOR GENERAL AND SPECIAL HOSPITALS

DIVISION 6 PUBLIC AND ADMINISTRATIVE AREAS

§520.161. General.

(a) Public and administrative areas shall be designed according to the requirements in this Division and where required by facility-specific subchapters in this chapter as follows:

(1) Subchapter C, Specific Requirements for General and Special Hospitals;

(2) Subchapter D, Specific Requirements for Private Psychiatric Hospitals;

(3) Subchapter E, Specific Requirements for Crisis Stabilization Units;

(4) Subchapter F, Specific Requirements for Ambulatory Surgical Centers;

(5) Subchapter G, Specific Requirements for Freestanding Emergency Medical Care Facilities;

(6) Subchapter I, Specific Requirements for End Stage Renal Disease Facilities;

(7) Subchapter J, Specific Requirements for Home Training Only End Stage Renal Disease Facilities; or

(8) Subchapter L, Specific Requirements for Mobile/Transportable Units).

(b) Public areas shall be clearly identified and located to accommodate persons with disabilities.

§520.162. Public Areas.

(a) Each licensed facility shall meet the requirements of this section, unless otherwise required by applicable facility-specific subchapters in this chapter as follows:

(1) Subchapter C, Specific Requirements for General and Special Hospitals;

(2) Subchapter D, Specific Requirements for Private Psychiatric Hospitals;

(3) Subchapter E, Specific Requirements for Crisis Stabilization Units;

(4) Subchapter F, Specific Requirements for Ambulatory Surgical Centers;

(5) Subchapter G, Specific Requirements for Freestanding Emergency Medical Care Facilities;

(6) Subchapter I, Specific Requirements for End Stage Renal Disease Facilities;

(7) Subchapter J, Specific Requirements for Home Training Only End Stage Renal Disease Facilities; or

(8) Subchapter L, Specific Requirements for Mobile/Transportable Units).

(b) A public entrance and its vehicular loading/unloading shall be provided in accordance with §520.36(e)(4) of this chapter (relating to Parking and Loading).

(c) Each licensed facility shall provide at least one public reception area and at least one public waiting area and as required by the applicable facility-specific subchapters in this chapter as follows:

(1) Subchapter C, Specific Requirements for General and Special Hospitals;

(2) Subchapter D, Specific Requirements for Private Psychiatric Hospitals;

(3) Subchapter E, Specific Requirements for Crisis Stabilization Units;

(4) Subchapter F, Specific Requirements for Ambulatory Surgical Centers;

(5) Subchapter G, Specific Requirements for Freestanding Emergency Medical Care Facilities;

(6) Subchapter I, Specific Requirements for End Stage Renal Disease Facilities;

(7) Subchapter J, Specific Requirements for Home Training Only End Stage Renal Disease Facilities; or

(8) Subchapter L, Specific Requirements for Mobile/Transportable Units).

(d) Where a public reception and public waiting is required or where provided, they shall meet the requirements in this section and any applicable requirements in the facility-specific subchapter.

(1) Public reception and waiting area shall be physically separated from the emergency’s unit reception and waiting area, where provided.

(2) Multi-tenant building's public areas shall not be permitted as a substitution for the licensed facility’s public areas, unless allowed in the applicable facility-specific subchapter of this chapter. However, access into the licensed facility’s public areas shall be permitted through a multi-tenant building public area, including its elevators in accordance with §520.191(f) of this subchapter (relating to Elevators).

(3) A reception and information counter, desk, or kiosk shall be provided at the main entry of the licensed facility to access information.

(4) Each licensed facility shall provide at least one public waiting area that is physically separated from the patient care unit.

(A) The public waiting area shall be visible from a staff area, either by camera or a direct sight line by staff, unless noted in the applicable facility-specific subchapter of this chapter. Additional waiting areas or rooms and their associated seating needed to support the licensed facility shall be permitted. Public waiting area shall be prohibited from sharing with another facility or other tenant, unless allowed in the applicable facility-specific subchapter of this chapter.

(B) At least five waiting room chairs and one wheelchair space shall be provided, unless noted in the applicable facility-specific subchapter of this chapter. When a person is seated in a chair or wheelchair, the seating area shall not encroach in an egress corridor or the normal path of traffic.

(e) A public toilet room in accordance with §520.92 of this chapter (relating to Public Toilet Room) shall be provided.

(f) Each licensed facility shall provide access to make a local phone call without having to leave the licensed facility. This access may be shared with the emergency unit.

(g) Each licensed facility shall provide access to drinking water without having to leave the licensed facility. A hand-washing sink shall not substitute for a drinking water source.

(h) Each licensed facility shall provide a dedicated wheelchair storage and parking space.

(1) Wheelchairs owned by the licensed facility shall be available for patient use. A designated area located out of the required corridor width and accessible to the entrance shall be provided for at least one wheelchair.

(2) Where a licensed facility provides services that require patients to be transferred to a wheelchair, recliner, examination table, or stretcher, a designated area shall be provided for parking at least one patient-owned wheelchair in a non-public area located out of any required egress path or other required clearance.

(i) Where meditation, bereavement, or prayer services are offered in a specific room, a dedicated meditation (chapel) room shall be provided. This room shall be permitted at any location in the licensed facility. A public toilet shall be provided in accordance with subsection (e) of this section and shall be within 150 feet of this room.

§520.163. Administrative Areas.

(a) Each licensed facility shall provide an admission area that provide services for initial admission of a patient and shall meet the requirements in this section and any applicable requirements in the facility-specific subchapters in this chapter as follows:

(1) Subchapter C, Specific Requirements for General and Special Hospitals;

(2) Subchapter D, Specific Requirements for Private Psychiatric Hospitals;

(3) Subchapter E, Specific Requirements for Crisis Stabilization Units;

(4) Subchapter F, Specific Requirements for Ambulatory Surgical Centers;

(5) Subchapter G, Specific Requirements for Freestanding Emergency Medical Care Facilities;

(6) Subchapter I, Specific Requirements for End Stage Renal Disease Facilities;

(7) Subchapter J, Specific Requirements for Home Training Only End Stage Renal Disease Facilities; or

(8) Subchapter L, Specific Requirements for Mobile/Transportable Units).

(b) An admission waiting area shall meet the following requirements.

(1) A waiting area for patients and accompanying persons shall be provided. The public reception and waiting unit in §520.162(d)(4) of this division (relating to Public Areas) may be combined with this requirement where both areas are on the same floor and within 150 feet of the main entrance.

(2) An admission area shall be equipped with a work counter that is separate from a public or patient area for a private interview. This requirement may be combined with an office or consultation room.

(c) Each licensed facility shall provide at least one office dedicated for business and administrative processes.

(d) Each licensed facility shall provide at least one storage area or room for office equipment and supplies, which is located outside of the patient care areas.

(e) Each licensed facility shall provide at least one multipurpose room in accordance with §520.65 of this chapter (relating to Multipurpose Room). A multi-tenant building where a licensed host hospital and a crisis stabilization unit (CSU) reside, and the licensed host hospital is responsible for its maintenance and upkeep is not required to comply with this subsection.

(f) Each licensed facility shall provide at least one medical records area and shall meet the requirements in this subsection. Where provided in other locations in the licensed facility, the area shall meet the requirements of this subsection. The medical records area shall be sized to accommodate all medical records of current patients in the licensed facility. The area shall be restricted to staff access so that all medical record media types are secured. Where the licensed facility provides a generator and digital media medical records, the electrical power to the computer server shall be powered in accordance with §520.183(k)(6)(C) of this subchapter (relating to Electrical Systems).

§520.164. Support Areas for Volunteers.

(a) Volunteer lockers and lounges may be combined with the patient care unit’s lockers and lounges, however, those areas shall be separate from those provided for the public. The lounge shall provide a hand-washing station. Lockers or storage for volunteers' personal effects (locking drawers, cabinets, or lockers) shall be readily accessible to individual work areas.

(b) Where a gift shop is provided, it shall meet the requirements of this subsection.

(1) A contractual agreement shall be permitted, however, the room is under the licensed facility license and shall comply with NFPA 101.

(2) The gift shop shall be off a public route and shall not be in a patient diagnostic/treatment area or patient care unit.

TITLE 26 HEALTH AND HUMAN SERVICES

PART 1 HEALTH AND HUMAN SERVICES COMMISSION

CHAPTER 520 REQUIREMENTS FOR DESIGN, CONSTRUCTION, AND FIRE SAFETY IN HEALTH CARE FACILITIES

SUBCHAPTER C SPECIFIC REQUIREMENTS FOR GENERAL AND SPECIAL HOSPITALS

DIVISION 7 DESIGN AND CONSTRUCTION REQUIREMENTS

§520.171. Signage.

(a) An organized approach to wayfinding about the licensed facility shall be provided, as well as clarity of access for the entire site. Signage shall be installed before the Texas Health and Human Services Commission’s Architectural Review Unit (ARU) conducts a final architectural inspection and shall meet the requirements of this section.

(b) Each sign shall be permanently mounted, either overhead or wall mounted, at the entrance to each patient care room and patient care support room, which identifies the function of that room. In a multiple-occupant patient care room, permanent signage shall be posted at each station uniquely identifying that station.

(c) Each sign shall be clearly visible, accurate, legible, and functional. Nomenclature shall be consistent and understandable to the public.

(d) Letters shall contrast with the background to conform to Texas Accessibility Standards requirements. Colors shall be differentiable by those who are color-blind.

(e) Where provided, symbols and pictographs shall be recognizable to the public and the community served.

(f) In a multi-tenant building, the licensed facility shall provide and maintain clear, visible, and readable signs to its location.

(g) Site signage shall be provided to direct people unfamiliar with the site to parking areas and entrances.

(h) Signage shall be consistent with all state, local, and federal regulations.

§520.172. Architectural Details.

(a) Where a psychiatric patient may be treated, a facility shall meet the requirements described in §520.178 of this division (relating to Psychiatric Finishes and Furnishings) in effort to reduce the potential for injury or suicide for psychiatric patients.

(b) Corridor widths shall meet applicable life safety and building code requirements in this section.

(1) In a general hospital and in a special or private psychiatric hospital where an operating (invasive) room or procedure room is provided, a connecting corridor shall be provided to link the pre- and postoperative patient care unit, operating rooms, and procedure rooms for a patient stretcher and gurney transport route. The connecting corridor shall provide a minimum clear and unobstructed width of eight feet. This connecting corridor shall be part of both the unrestricted corridor (connecting the pre- and postoperative patient care unit and non-invasive procedure rooms) and a semi-restricted corridor (connecting the operating rooms and procedure rooms). Where the route crossing an egress corridor, the travel distance from the semi-restricted corridor’s door to the Phase I recovery unit shall be no more than 20 feet travel distance.

(2) In new construction where a corridor is in a suite, as defined by NFPA 101: Life Safety Code that provides stretcher or gurney transport, a corridor shall provide a minimum clear and unobstructed width of six feet, including when a cubicle curtain is fully closed at a patient care bay or cubicle unless a greater width is required by occupant load calculations per local and state building codes.

(3) Where an existing licensed facility is connected to its new addition, it is at the discretion of the Texas Health and Human Services Commission's Architectural Review Unit (ARU) to allow a slight reduction at the connecting point.

(c) Door and door hardware finishes shall be selected to withstand impact damage and cleaning with Environmental Protection Agency registered hospital disinfectants. Door protection shall be provided where a door is subject to impact, such as a lead lined room. Doors shall fully close.

(1) Where minor renovation work is undertaken, and the project consists of replacement of fixed radiological equipment, existing doors shall be permitted to meet the physical plant licensing requirements under which the licensed facility or sections of the licensed facility were constructed, renovated, or remodeled.

(2) All doors between corridors, rooms, or spaces shall be of the swing type or shall be sliding doors, including barn type doors, and shall meet NFPA 101: Life Safety Code requirements and this section Pocket doors are prohibited in a licensed facility. Strip doors or strip curtains (plastic slats) shall not substitute for a swing door. Dutch doors are permitted except between clean and soiled rooms. Dutch door shall be smoke tight when located in corridors. Elevator doors are exempt from this requirement.

(A) The sliding doors shall be installed to resist passage of smoke and shall be permitted to have breakaway provisions.

(B) Sliding doors with emergency breakaway features in the full open position may temporarily restrict the minimum corridor width required by applicable building codes where approved by the local jurisdiction. The operational sliding panel shall open a minimum of 41.5 inches with one action.

(C) Sliding doors shall not have floor tracks at patient care areas, including emergency department’s triage and fast-track areas, and a pharmacy hood room and its anteroom. Sliding door floor tracks shall be permitted in staff areas and admissions areas and other such public or staff-only areas.

(D) Doors with view panels or transparent glass, where required or provided at patient care rooms or patient treatment areas, shall provide integral blinds with controls on the inside and outside of the room. A cubicle curtain inside the room (where allowed in other chapters) may substitute for the integral blinds. Switch glass or electrochromic glass, which can go from invisible to opaque in seconds, may substitute for integral blinds where the controls are located on the inside and outside of the room.

(i) Cross-corridor control doors shall consist of two leaves which provide a maximum opening of the corridor. The control doors shall swing in a direction opposite from the other, double acting type. Each door leaf shall be provided with a clear view window.

(ii) The eight foot corridor width shall not be maintained at the door or the open-door leaf when break away doors are activated.

(ii) Psychiatric doors shall comply with the following requirements.

(I) Patient room access door or wicket door shall be permitted at psychiatric room where door assembly is smoke tight and where required, fire rated. This door has the functionality of a standard in swing patient room door, however, it provides an inner door which can open to the corridor giving authorized personnel quick access to the patient’s room.

(II) Where the psychiatric patient bedroom is directly accessible to the toilet room or bathroom, a break away door where privacy is met in accordance with §520.101(e) of this subchapter (relating to General) is permitted. A break away door pulls away from the door frame after 20 pounds of pressure is applied thus eliminating an anchor point.

(3) The minimum clear door opening for patient rooms and diagnostic and treatment areas shall meet NFPA 101, including outpatient treatment areas, rooms where inpatient dine, and group/social rooms. Where a private psychiatric hospital provides electroconvulsive therapy (ECT) or similar procedures, all doors in the ECT unit shall provide a minimum clear width of 41.5 inches and a clear height of 79.5 inches. Where minor renovation work is undertaken or upgrades to fixed radiological equipment occurs, the existing doors shall be permitted to remain where they meet the physical plant licensing requirements under which they were constructed, renovated or remodeled.

(4) Doors shall not swing into corridors except doors in psychiatric care units, secure holding in the emergency unit, doors to non-occupiable spaces (e.g., environmental services rooms and electrical closets), and doors with emergency breakaway hardware.

(5) Doors may swing outward into an alcove that is deeper than the width of the door. Omission of this requirement shall be permitted at behavioral health units where the door shall be permitted to swing 180-degrees and shall meet local building codes.

(6) Door lever hardware or push/pull latch hardware shall be provided. Positive latching hardware shall be present on egress hallway doors and doors to rooms containing flammable/combustible materials. Roller latches shall not be permitted. Shared toilet rooms shall provide interlocking door access hardware.

(7) Doors for a patient bathing or toilet room shall comply with the following requirements.

(A) Rooms that contain bathtubs, sitz baths, showers, or toilets for patient use shall provide one of the following:

(i) two separate doors;

(ii) a door that swings outward;

(iii) a door equipped with emergency rescue hardware;

(iv) a sliding door other than a pocket door; or

(v) Psychiatric patient care units at rooms that contain bathtubs, showers, or toilets shall be permitted to provide other barricade-resistant provisions to allow for staff emergency access, where approved by ARU. The facility’s functional program shall indicate where a door, other than a swinging door, is provided at these locations.

(B) Where the bathing area or toilet room opens onto a public area or corridor, visual privacy shall be maintained.

(8) A psychiatric patient care unit, a seclusion room, secure holding, or anywhere a psychiatric patient may be alone in a room shall meet the requirements in this section and the following requirements.

(A) Door closures shall be avoided, but where required by fire codes or the governing body, each door with a door closure shall be within view of a nurse station or a staff workstation. Door closer devices for a patient bedroom door shall be provided only where required by fire codes and shall be a mortised type or surface-mounted on the public side of the door rather than the private patient side of the door.

(B) Door hinges at a patient bedroom, a seclusion room, or secure holding shall be designed to minimize points for hanging (i.e., cut hinge type). Doors hinges at support areas for patient care that are constantly monitored while patients are in the room shall be consistent with the level of care for the patient.

(C) All hardware shall provide tamper-resistant fasteners.

(d) Windows in a psychiatric patient room shall comply with the following requirements.

(1) A psychiatric patient bedroom shall be provided with natural light by means of a window to the outside. Translucent window film shall be permitted. In a newly constructed licensed facility, windows in the atrium walls shall not be classified as an outside window. An outside window in a psychiatric patient bedroom is not required where renovation work occurs and the patient bedroom has an atrium facing window.

(2) Where an operable window is provided in a patient bedroom, its operation shall be limited with either stop limit/restrictor hardware or an open guard/screen to prevent passage of a four-inch diameter sphere through the opening.

(3) Window size in a patient bedroom shall meet the following requirements.

(A) Where glazing at newly constructed facilities and major renovation as defined in §520.14(d) of this chapter (relating to Exceptions) is undertaken, the minimum net glazed area shall be no less than eight percent of the required minimum clear floor area of the room served.

(B) Where glazing at minor renovation as defined in §520.14(c) of this chapter is undertaken, and the net glazed area is less than eight percent of the required minimum clear floor area of the room served, the existing net glazed area shall remain as originally constructed.

(4) In a newly constructed licensed facility, the bottom height of the glazing in the window frame shall not exceed 38 inches above the finished floor. Omission of this requirement shall be permitted for newborn nurseries or at non-licensed bed areas. Where renovation work is undertaken, and it is not possible to meet the above minimum standards, the bottom height of the glazing in the window frame shall not exceed 42 inches above the finished floor in a patient bedroom, other than intensive critical care bedrooms. In any type of intensive critical care bedroom, the bottom height of the glazing in the window frame shall not exceed 64 inches above the finished floor.

(5) A psychiatric patient care bedroom, seclusion room, secure holding, dedicated psychiatric outdoor courtyard, or anywhere a psychiatric patient may be alone in a room shall meet the requirements in this section and the following requirements.

(A) Windows shall limit the opportunities for patients to seriously harm themselves by breaking the windows and using pieces of the broken glazing material to inflict harm to themselves or others.

(B) To prevent opportunities for suicide, self-harm, and escape, the entire window system and the anchorage for windows and window assemblies, including frames, glazing, hinges, and locking devices for operable windows, shall meet the following requirements:

(i) designed to resist impact loads of 2,000 foot-pounds applied from the inside; and

(ii) tested in accordance with AAMA 501.8: Standard Test Method for Determination of Resistance to Human Impact of Window Systems Intended for Use in Psychiatric Applications.

(C) All glazing (both interior and exterior) and borrowed lights shall be fabricated with a security film or glazing, such as polycarbonate or laminate on the inside of the glazing or with any glazing that meets or exceeds the requirements for Class 1.4 per ASTM F1233: Standard Test Method for Security Glazing Material and Systems. Use of tempered glass for borrowed lights shall be permitted.

(6) Operable exterior windows that may be left open shall provide insect screens.

(7) Where minor renovation work is undertaken, glazing within 18 inches of the floor shall be changed to safety glass, wire glass, or plastic, break-resistant material.

(e) Where grab bars are required or provided, the requirements of this subsection shall be met.

(1) Where a hemodialysis unit is provided, grab bars shall be located at the weight scale. Other grab bar locations shall be determined by the licensed facility or as required by local, state, and federal requirements referenced in §520.20 of this chapter (relating to Design Standards for Accessibility).

(2) Grab bars shall be equipped with or accommodate the following features.

(A) Grab bars shall be anchored to sustain a concentrated load of 250 pounds. Grab bars in toilet rooms used by patients of size shall be anchored to sustain a concentrated load of 800 pounds.

(B) Ends of grab bars shall be constructed to prevent snagging the clothes of patients, staff, and visitors.

(C) Grab bars shall provide a finish that provides slip resistance and shall be cleanable.

(3) Where a psychiatric patient will use the space, the grab bar shall meet §520.178 of this chapter (relating to Psychiatric Finishes and Furnishings).

(f) Where handrails are required or provided, the requirements of this subsection shall be met.

(1) Handrails shall comply with local, state, and federal requirements referenced in §520.20 of this chapter.

(2) Details on where handrails shall be required are described in §520.115 of this subchapter (relating to In-Hospital Skilled Nursing Patient Care Unit).

(3) Handrails shall provide the following features.

(i) Rail ends shall return to the wall or floor.

(ii) Handrail gripping surfaces and fasteners shall be smooth (free of sharp or abrasive elements) with a 1/8-in. minimum radius.

(iii) Handrails shall provide eased edges and corners.

(4) Handrail finishes shall be cleanable.

(5) Where a psychiatric patient will use the space, handrails shall meet §520.178 of this chapter.

(g) Rooms containing heat-producing equipment (e.g., boilers, heaters, or laundry equipment) shall be insulated to prevent the floor surface above, ceiling below, and adjacent walls of occupied areas from exceeding a temperature of 10 Degrees F above ambient room temperature.

(h) Decorative water features and planters shall meet the following requirements.

(1) Installation of indoor, unsealed (open) water features shall be prohibited in the confines of a newly constructed licensed facility or in an existing licensed facility where oncology services are provided in the patient care unit or patient care diagnosis/treatment unit. Where minor renovation work is undertaken, it is at the discretion of ARU if an unsealed water feature may remain. The facility’s functional program shall indicate where any unsealed (open) water features are located.

(2) Covered fish tanks shall be permitted in public areas only. Where oncology services are provided, fish tanks shall be prohibited in that nursing unit and its public areas.

(3) Aviaries and reptile habitats are prohibited.

(4) Where oncology services are provided, decorative plant boxes or containers with live plants, dirt, or dried flowers shall be prohibited in that nursing unit or the adjacent patient care units.

§520.173. Surfaces.

(a) Floor, wall, and ceiling penetrations by pipes, ducts, and conduits, or any direct openings shall be tightly sealed to minimize entry of dirt particles, rodents, and insects. Joints of structural elements shall be similarly sealed.

(b) During a final architectural inspection by Texas Health and Human Services Commission's Architectural Review Unit (ARU), a signed, sealed, and dated letter from the registered architect (RA) and a signed and dated letter from the facility’s owner, administrator, or a designated facility staff member managing the project, shall be provided, which indicates that no exceptions were noted upon reviewing the Flame Spread Rating and the Smoke Development rating of any installed wall, ceiling, floor covering, roof decking and roof. The letter shall indicate that draperies, curtains (including cubicle curtains), and other similar loosely hanging furnishings are flame-resistant as demonstrated by passing both the small and large-scale tests of NFPA 701, Standard Methods of Fire Tests for Flame-Resistant Textiles and Films. Cut sheets of the materials shall only be provided at the request of the ARU inspector and shall not be accepted as a substitute for the letter.

(c) Surface materials shall be selected based on the infection control risk to the patient and shall be cleanable.

(d) Where oncology services are provided in the patient’s room and pediatric play areas, the surfaces and material, including cabinetry, casework, and countertops, shall provide flush surfaces that are smooth, nonporous, easy to clean, wipeable, and durable and that do not scratch easily.

(e)Surfaces throughout the nuclear imaging unit shall be constructed of cleanable, non-porous materials that can be decontaminated.

(f) Surfaces at Metaiodobenzylguanidine (MIBG) bedroom, its bathroom, and its anteroom shall withstand multiple aggressive cleanings.

§520.174. Flooring and Wall Bases.

(a) Flooring and wall bases shall meet the following general requirements.

(1) Flooring surfaces shall be cleanable and wear-resistant for the location. All flooring shall be maintained and kept in good condition. Flooring in patient care areas shall create an impervious surface to prevent moisture and blood from seeping into joints or under the flooring.

(2) Carpeting shall not be used in patient care areas and clinical support areas, including emergency waiting areas, outpatient treatment and exam rooms, laboratories, and pharmacies. Speech therapy rooms and Patient admissions and main public waiting room are not required to comply with this paragraph.

(3) Smooth transitions shall be provided between different flooring materials.

(4) Flooring surfaces, including those on stairways, shall be stable, firm, and slip-resistant. Floor surfaces shall allow easy movement of all wheeled equipment to be used in the licensed facility.

(A) The slip-resistance ratings of flooring surfaces shall be appropriate for the area of use for dry or wet conditions and for use on ramps and slopes.

(B) Where carpet is in non-patient care areas, the carpet with or without padding shall be installed so it provides a stable and firm surface.

(5) The floors and wall bases of kitchens, soiled workrooms, toilet rooms, interior cart cleaning rooms, and other areas subject to frequent wet cleaning shall be constructed of materials that are not physically affected by germicidal or other types of cleaning solutions.

(6) Surfaces in preparation, sanitation/warewashing, and serving areas shall be non-absorbent, smooth, and easily cleaned.

(b) Monolithic floor and wall base assemblies, without crevices or seams, shall provide an integral coved wall base that is carried up the wall a minimum of six inches and is tightly sealed to the wall. Where fixed cabinets are provided in rooms that contain monolithic floor and base assemblies, the coved wall base may abut against the underside of the toe kick, even where the toe kick is less than six inches high. Sealed concrete flooring, sealed tile flooring with sealed grout, sealed vinyl composition tile, or sealed wood flooring shall not be an equivalent for a monolithic flooring and integral wall base. Where flooring abuts against a storefront mullion, the bottom of the mullion shall be a minimum of six inches.

(1) Flooring in the following rooms shall be monolithic flooring.

(A) Operating room as noted in §520.128 of this chapter (relating to Surgical Unit).

(B) Procedure rooms as noted in §520.125 of this chapter (relating to Procedure Unit).

(C) Cesarean delivery room.

(D) Endoscope processing room.

(E) Intravenous (IV) and chemotherapy preparation rooms, their ante-room and hazardous drug storage.

(F) Airborne infection isolation (AII) room or a hemodialysis non-airborne infection isolation room.

(G) Protective environment (PE) room.

(H) Anteroom to AII, PE and Metaiodobenzylguanidine (MIBG) rooms.

(I) Sterile processing rooms.

(J) Emergency treatment rooms.

(K) Soiled workroom. Omission of this requirement for a soiled holding shall be permitted.

(L) Nuclear imaging room and the toilet rooms reserved for nuclear imaging patients and any other treatment areas where radioactive material is handled.

(M) Hot labs.

(N) MIBG room and its toilet room.

(O) MIBG decay room.

(2) Equipment may penetrate the monolithic flooring where joints are sealed at the fastening points to prevent blood or body fluids from penetrating the subfloor. Where infrastructure items such as floor ducts to accommodate electrical cabling are installed, the duct cover shall be seated to prevent fluids from entering the floor duct.

(3) Floor openings for pipes, ducts, conduits and floor access panels as well as joints at structural elements shall be tightly sealed. Doorframes shall be tightly sealed to flooring and wall base assemblies at monolithic floor and wall base assemblies. Monolithic floor and wall base assemblies shall be maintained to prevent fluids from entering under the monolithic floor. Expansion joints shall be prohibited in monolithic flooring to prevent retainage or passage of dirt particles.

(c) Neonatal intensive care unit (NICU) floors shall be provided in accordance with §520.179(c)(3) of this division (relating to Noise Requirements) for sound isolation requirements.

(d) An emergency unit’s human decontamination room floor shall be self-coving to a height of six inches. The surface of the floor shall be self-finished and shall require no protective coating for maintenance. Nonslip floor finishes shall be provided. Floor finishes shall be without crevices or seams.

§520.175. Walls and Wall Protection.

(a) Wall finishes shall meet the following requirements.

(1) Wall finishes shall be washable and cleanable with routine housekeeping equipment. Walls shall be in kept in good condition. Loose cracked paint or peeling wallpaper on the walls shall be repaired.

(2) Wall finishes near plumbing fixtures shall be smooth, scrubbable, and water-resistant.

(3) Wall finishes in the following rooms shall be free of fissures, open joints, or crevices that may retain or allow passage of dirt particles:

(A) operating room as noted in §520.128 of this chapter (relating to Surgical Unit);

(B) procedure rooms as noted in §520.125 of this chapter (relating to Procedure Unit);

(C) cesarean delivery room;

(D) endoscopy procedure room;

(E) endoscope processing room;

(F) Intravenous (IV) and chemotherapy preparation rooms, their ante-room and hazardous drug storage;

(G) airborne infection isolation (AII) room;

(H) protective environment (PE) room;

(I) anteroom to AII and PE rooms, where provided;

(J) sterile processing rooms;

(K) Metaiodobenzylguanidine (MIBG) room and its toilet room; and

(L) MIBG decay room.

(b) Wall surfaces in areas routinely subjected to wet spray or splatter (e.g., kitchens, environmental services rooms, and interior cart cleaning rooms) shall be monolithic or have sealed seams that are tight and smooth.

(c) In a dietary unit, wall construction, finish, and trim, including joints between the walls and the floors, shall be free of insect- and rodent-harboring spaces at food preparation, sanitation/ware-washing, and serving areas. Walls shall be non-absorbent, smooth, easily cleaned, and light in color. Walls adjacent to cooking equipment shall provide sealed surfaces that are cleanable and made of non-combustible materials. Walls behind cooking equipment shall be fire-rated, non-combustible materials with a surface that facilitates cleaning and shall match or exceed the width of the exhaust hood. Walls in non-food preparation or sanitation areas (e.g., storage rooms, corridors, offices, and dining or vending areas) shall provide a surface finish that facilitates cleaning.

(d) Wall openings for pipes, ducts, and conduits as well as joints at structural elements shall be tightly sealed.

(e) Wall protection devices and corner guards shall be durable and scrubbable.

(f) Wall protection from door knobs shall be provided where a wall is subject to impact such as walls in a lead lined room.

(g) Neonatal intensive care unit (NICU) walls shall be provided in accordance with §520.179(c)(3) of this division (relating to Noise Requirements) for sound isolation requirements.

(h) An emergency unit’s human decontamination room's walls shall be smooth, nonporous, scrubbable, non-absorptive, nonperforated surfaces. Wall finishes shall be without crevices or seams.

§520.176. Ceilings.

(a) Ceilings shall be provided in all areas to limit passage of particles from above the ceiling plane into the environment and shall meet the following, unless noted in subsection (d) of this section.

(1) Ceilings in any patient care bedroom, patient care treatment, or patient diagnostic area shall be easily cleanable with routine housekeeping equipment such as dusters and vacuum cleaners.

(2) Ceilings shall be in kept in good condition and nonfriable. Loose cracked paint on the ceilings shall be repaired. Acoustic and lay-in ceilings, where provided, shall not create ledges, crevices, or gaps. Ceiling tiles shall be installed and seated in their ceiling grid to limit passage of particles from above the ceiling plane.

(3) Ceiling tiles shall be replaced where stained with blood, mold, or water.

(b) Monolithic ceilings shall provide a surface that is smooth, nonporous, scrubbable, nonabsorptive, nonperforated surface. Ceilings in the following rooms shall be of a monolithic construction or an equivalent solid manufactured modular ceiling, which requires The Texas Health and Human Services Commission's Architectural Review Unit's (ARU's) approval before its use. Room shall provide the ceiling tightly sealed to the wall. Cracks, crevices, seams, or perforations in these ceilings shall be prohibited.

(1) Operating room as noted in §520.128 of this chapter (relating to Surgical Unit).

(2) Procedure rooms as noted in §520.125 of this chapter (relating to Procedure Unit).

(3) Cesarean delivery room.

(4) Endoscope processing room.

(5) Intravenous (IV) and chemotherapy preparation rooms, their ante-room and hazardous drug storage.

(6) Airborne infection isolation (AII) room, and where provided its toilet room or bathroom.

(7) Protective environment room, and where provided its toilet room or bathroom.

(8) Anteroom to AII, protective environment, and Metaiodobenzylguanidine (MIBG) rooms.

(9) Sterile processing rooms, including decontamination room, clean assembly room, and supply storage room.

(10) Cart cleaning area or room.

(11) Soiled workroom, however, a soiled holding room shall not be required to meet the requirements of this section since a clinical type (hopper) sink shall not be provided in a soiled holding room.

(12) Nuclear imaging room and the toilet rooms reserved for nuclear imaging patients and any other treatment areas where radioactive material is handled.

(13) Hot labs and radiopharmacy room.

(14) MIBG bedroom and its toilet room or bathroom.

(15) MIBG decay room.

(16) Room where controlled substances are stored.

(17) Emergency unit trauma room.

(18) Emergency unit human decontamination room. The ceiling shall be a smooth, nonporous, scrubbable, nonabsorptive, nonperforated surface.

(19) Autopsy room.

(20) Psychiatric patient care areas where patients are likely to attempt suicide or escape, including psychiatric patient care bedroom, psychiatric patient care toilet room, psychiatric patient bathing room, seclusion room, and secure holding room.

(21) Bathing rooms including patient bathroom, assisted bathing room, debridement room, human waste disposal room, psychiatric patient bathing room, Alzheimer's bathing room, and staff unit bathing room.

(22) Ceiling finishes shall be capable of withstanding cleaning and disinfecting chemicals.

(23) All access openings in the monolithic ceiling shall be gasketed and seated in their frame.

(24) Equipment shall be permitted to penetrate the monolithic ceiling provided joints are sealed at the fastening points.

(25) Ceiling openings for pipes, ducts, conduits and joints at structural elements shall be tightly sealed. Expansion joints shall be prohibited in monolithic ceilings. Cracks or perforations in these ceilings shall be prohibited.

(26) The central diffuser array, including its light fixtures, may be part of a monolithic ceiling. A central diffuser array consisting of unidirectional flow diffusers, architectural fill-in panels, or both shall form a single assembly in the ceiling. The array shall be gasketed between the diffuser array system and the ceiling, and between the system framing and the individual diffusers. Where booms and other equipment are in the central diffuser array, the array shall be provided with fill-in panels cut to accommodate the booms or other equipment. Fill-in panels shall be gasketed at the framing and at the perimeter of any cuts made to accommodate the equipment.

(27) Monolithic ceiling for an invasive imaging room or a hybrid operating room, such as a cardiac catheterization (cath lab) room may provide a lay-in type ceiling as a substitute for a monolithic ceiling provided the ceiling meets all of the following requirements:

(A) smooth and without crevices, cracks, or perforations;

(B) scrubbable and capable of withstanding cleaning with chemicals;

(C) non-absorptive and non-perforated;

(D) lay-in ceiling shall be gasketed or each ceiling tile shall weigh at least one pound per square foot and shall be installed with hold down clips; and

(E) during a final architectural inspection where lay-in ceiling tiles are installed, the product data information shall be provided for the ceiling tiles.

(c) The laundry unit and the dietary unit, including food storage rooms, food preparation and food assembly area, shall provide a lay-in ceiling and scrubbable ceiling tiles. Scrubbable ceiling tiles shall be smooth, scrubbable, nonabsorptive, nonperforated, and capable of withstanding cleaning with chemicals, such as a vinyl faced acoustic tile. hall meet the following requirements and be provided in the following locations. A lay-in ceiling shall provide a non-corrosive grid and ceiling tiles that weigh at least one pound per square foot. Dining areas, food serving lines, or serving tray areas where the areas are located outside of the kitchen or where a sealed monolithic and scrubbable gypsum board ceiling is provided are exempt from this requirement.

(d) Omission of suspended ceilings or finished ceilings shall be permitted unless required for fire safety purposes in mechanical rooms, electrical rooms, communication rooms, hemodialysis water treatment equipment storage room, and general storage or shelled rooms that only contain large, sealed boxes, such as crates or large equipment which are not in use, such as unused beds.

(e) The minimum ceiling height shall be seven feet 10 inches, with the following exceptions:

(1) The minimum ceiling height in corridors shall be seven feet six inches.

(2) The minimum height above the floor of suspended tracks, rails, and pipes located in the traffic path for patients in beds or on gurneys, including those in-patient care areas, shall be seven feet six inches.

(3) The minimum ceiling height in a boiler room shall not less than 30 inches above the main boiler header and connecting piping.

(4) The minimum ceiling height in walk-in refrigerator or low-temperature cooler shall be seven feet six inches.

(5) The minimum ceiling height in the following rooms shall be nine feet.

(A) Seclusion rooms and secure holding rooms.

(B) Trauma room.

(C) Commercial kitchen, and where renovation is undertaken in a dietary unit (kitchen), the ceiling height shall be no lower than the original height.

(D) Imaging rooms that are non-invasive. Ceilings containing ceiling-mounted equipment shall meet the manufacturer’s specifications to accommodate the equipment of fixtures and their normal movement and shall meet the requirements in this section, whichever is more stringent.

(E) Nuclear medicine treatment rooms and cobalt, simulation and linear accelerator rooms.

(F) Procedure rooms ceilings containing ceiling-mounted equipment shall meet the manufacturer’s specifications to accommodate the equipment of fixtures and their normal movement and shall meet the requirements in this section, whichever is more stringent.

(G) Operating room, cesarean delivery rooms and invasive imaging room ceilings containing ceiling-mounted equipment shall meet the manufacturer’s specifications to accommodate the equipment of fixtures and their normal movement and shall meet the requirements in this section, whichever is more stringent.

(6) In a corridor, projections from the ceiling (fur down) shall be a maximum of 12 inches wide and shall not obscure the view of an exit sign.

§520.177. Furnishings.

(a) Furnishings and equipment (e.g., beds, exam tables, exam chairs, and gurneys) that impact clearance requirements and egress clearances shall be provided at the final inspection to demonstrate that the egress path is unobstructed and minimum clearances are met.

(b) Equipment in rehabilitation therapy areas shall be provided at the final inspection to demonstrate that the egress path is unobstructed and minimum clearances are met around each equipment/patient care station.

(c) Furniture, including built-in furnishings, shall be maintained. Mattresses shall be clean and free from tears, rips, and exposed wiring and springs. Additional requirements for psychiatric patients are described in §520.178 of this division (relating to Psychiatric Finishes and Furnishings).

(d) Waste containers (wastebaskets) shall be:

(1) made of noncombustible material;

(2) routinely emptied of their contents at a central location into closed containers, and poly liners should not be used in psychiatric care units or anywhere where psychiatric patients are treated to reduce the risk of asphyxiation;

(3) cleaned and properly maintained and free of visible residue; and

(4) conveniently available in all toilet rooms, patient areas, staff work areas, and waiting rooms.

(e) Blinds, sheers, or other patient-controlled window treatments shall be provided to allow patient privacy and to control light levels and glare from the windows.

(1) Window treatments shall not compromise patient safety and shall be easy for patients, visitors, and staff to operate the window treatments.

(2) Window treatments shall be selected for ease of cleaning, disinfection, or sanitization as used with routine housekeeping equipment such as dusters, vacuum cleaners, and washing. Fabric drapes and curtains for window treatments shall be permitted if fabric is washable, except where oncology services are provided.

(3) Drapes and curtains shall be in kept in good condition. Broken drapes and curtains shall be repaired.

(f) Privacy curtains shall be provided to allow patient privacy. Use of fabric privacy curtains shall be permitted where the fabric is washable or disposable and the flame-resistant complies with NFPA 701. Where oncology or Metaiodobenzylguanidine services are provided in a licensed bedroom, privacy curtains shall be prohibited; and other means for privacy shall be provided.

(g) In patient treatment areas where risks of exposure and contamination from bodily fluids or other fluids exists, built-in furnishings shall be upholstered with impervious materials.

§520.178. Psychiatric Finishes and Furnishings.

(a) All finishes, light fixtures, vents and diffusers, and sprinklers shall be impact-, tamper-, and ligature-resistant.

(b) A psychiatric patient care bedroom, psychiatric patient toilet room, psychiatric patient bathing room, medical psychiatric room and its patient bathroom, seclusion room and its toilet room, secure holding room and its toilet room, or any other areas where psychiatric patients are treated, the room’s furnishings, hardware, and accessories shall be provided in accordance with the architectural finishes in Division 7 of this subchapter (relating to Design and Construction Requirements), the building system sections in Division 8 of this subchapter (relating to Building Systems) of this chapter, the requirements in this section, and the requirements in the facility-specific subchapters in this chapter as follows:

(1) Subchapter C, Specific Requirements for General and Special Hospitals;

(2) Subchapter D, Specific Requirements for Private Psychiatric Hospitals;

(3) Subchapter E, Specific Requirements for Crisis Stabilization Units;

(4) Subchapter F, Specific Requirements for Ambulatory Surgical Centers;

(5) Subchapter G, Specific Requirements for Freestanding Emergency Medical Care Facilities;

(6) Subchapter I, Specific Requirements for End Stage Renal Disease Facilities;

(7) Subchapter J, Specific Requirements for Home Training Only End Stage Renal Disease Facilities; or

(8) Subchapter L, Specific Requirements for Mobile/Transportable Units).

(c) Where a glass mirror is provided in a psychiatric patient bedroom, psychiatric toilet room, psychiatric bathing room, or any other space a psychiatric patient has access, it shall be shatterproof. A mirror fabricated with polycarbonate or laminate on the inside of the glazing or a glazing that meets or exceeds the requirements for Class 1.4 per ASTM F1233: Standard Test Method for Security Glazing Material and Systems shall be permitted.

(d) Doors shall meet the following requirements.

(1) Where door closure is required or provided, it shall be covered.

(2) Patient room doors shall swing out and shall provide hardware on the exterior side only.

(3) An impact-resistant view panel or window of no less than 20 inches by 20 inches shall be provided in a door or adjacent to the door for discreet staff observation of the psychiatric patient. Where a room is used as an examination/treatment room, the view panel or window shall allow for patient privacy.

(4) The minimum clear door opening shall be 45.5 inches. Omission of this requirement shall be permitted at a patient toilet room or bathroom where it meets §520.172(c)(7) of this division (relating Architectural Details).

(e) Window treatments shall be designed without accessible anchor points or cords.

(f) Ceiling shall be secured from patient access. Ceiling access doors shall be without gaps and secured with a keyed lock or tamper-resistant fasteners. Additional requirements are described in §520.176 of this division (relating to Ceilings).

(g) Where strobes are required or provided, strobes shall be protected.

(h) Mechanical, electrical, and plumbing systems, other than terminal elements serving the room, shall be concealed above the ceiling. Ventilation grilles shall be secured using tamper-resistant fasteners and provide perforations or openings to eliminate their use as a tie-off point or be designed to prevent them from being used as ligature points. Additional requirements are described in Division 8 of this subchapter.

(i) Privacy cubicle curtains are prohibited in patient care areas.

(j) Built-in furnishings shall be constructed to minimize potential for injury, suicide, or elopement. Built-in furnishings with doors or drawers shall be prohibited. Open shelves shall be fixed with tamper-resistant hardware.

(k) Where provided, robe hook shall be ligature-resistant. Clothing rods and clothes hangers shall be prohibited.

(l) In addition to the other requirements in this chapter, anti-ligature fixtures, hardware and accessories shall be provided for shower, toilet, sink, grab bars, and toilet paper holders.

(1) Towel bars, non-breakaway shower curtain rods, and lever handles, except for specifically designed ligature-resistant lever handles, shall be prohibited. Where ligature-resistant lever handles are provided, the licensed facility shall submit cut sheets of the handles during a final architectural inspection. Towel hooks shall be permitted where ligature-resistant.

(2) Grab bars shall be anchored to sustain a concentrated load of 250 pounds. Additional grab bar requirements are described in §520.172(e) of this division.

(3) Toilet room doors shall be permitted to be equipped with keyed locks that allow staff to control access to the toilet room. The equipment to unlock the keyed lock shall remain either on staff or at a specified, secure location for quick retrieval.

(4) Bedpan-rinsing device shall be prohibited.

§520.179. Noise Requirements.

(a) Recreation rooms, exercise rooms, mechanical equipment rooms, and similar spaces where impact noises may be generated shall not be located directly over patient bed areas, or delivery and surgical units, unless special provisions are made to minimize such noise.

(b) The noise reduction criteria shown in the table in §520.1204 (relating to Design Criteria for Minimum Sound Isolation Performance Between Enclosed Rooms) shall apply to partitions, floors, and ceiling construction in patient areas.

(c) A newly constructed licensed facility, an addition to a licensed facility, or change of licensed facility designation shall meet the requirements of this section.

(1) Normally occupied spaces shall incorporate floor, wall, or ceiling acoustic surfaces that achieve design room-average sound absorption coefficients equal to or greater than indicated in the table in §520.1202 (relating to Minimum Design Room-Average Sound Absorption Coefficients).

(2) Room noise levels caused by heating, ventilation, and air-conditioning (HVAC) and other building systems shall not exceed the maximum values shown in the table in §520.1203 of this chapter (relating to Maximum Design Criteria for Noise in Interior Spaces Caused by Building Systems).

(3) Sound isolation shall be required for demising construction separating occupied spaces where construction noise affects patient health and safety. The composite sound transmission class (STCc) rating of demising wall assemblies shall not be less than the ratings indicated in the table in §520.1204 of this chapter.

(4) Spaces shall be constructed to meet one of the four speech privacy rating methods in accordance with §520.1205 of this chapter (relating to Design Criteria for Speech Privacy for Enclosed Rooms and Open-Plan Spaces).

(d) Vibration levels in the licensed facility shall not exceed applicable requirements in this section.

(1) Mechanical, electrical, and plumbing equipment vibration shall comply with the following requirements.

(A) Fixed building equipment that rotates or vibrates shall provide vibration isolation where the noise affects patient health and safety.

(B) Mechanical equipment, ductwork, and piping shall be mounted on vibration isolators as required to prevent unacceptable structure-borne vibration.

(C) Equipment bases, isolators, and isolator static deflections shall be selected based on the proximity of the supported equipment to vibration- and noise-sensitive areas, structural design of the building, and type and operating point of the equipment.

(D) Vibration levels produced by building equipment and activities to which occupants are exposed shall not exceed those in ANSI/ASA S2.71: Guide to the Evaluation of Human Exposure to Vibration in Buildings.

(E) More stringent requirements shall be required for equipment impacting sensitive areas.

(2) Structural vibration shall comply with the following requirements.

(A) Footfall vibration in the building structure shall be evaluated using properly substantiated methods of analysis, including:

(i) for steel floor systems: American Institute of Steel Construction (AISC) Design Guide 11: Vibrations of Steel-Framed Structural Systems Due to Human Activity;

(ii) for concrete floor systems: Concrete Reinforcing Steel Institute (CRSI) Design Guide for Vibrations of Reinforced Concrete Floor Systems; and

(iii) where neither clause (i) of this subparagraph nor clause (ii) of this subparagraph is applicable, the finite element analysis (FEA) or modal superposition analysis methods shall be used.

(B) The structural floor shall be designed to avoid footfall vibration levels that exceed the peak vibration velocities in §520.1206 of this chapter (relating to Maximum Limits on Floor Vibration Caused by Footfalls in Hospitals).

(3) Structure-borne sound shall comply with the following requirements.

(A) Structure-borne transmitted sound shall not exceed the limits for airborne sound in accordance with subsection (d)(2) of this section.

(B) Where necessary, vibration isolators shall be used to control potential sources of structure-borne sound.

TITLE 26 HEALTH AND HUMAN SERVICES

PART 1 HEALTH AND HUMAN SERVICES COMMISSION

CHAPTER 520 REQUIREMENTS FOR DESIGN, CONSTRUCTION, AND FIRE SAFETY IN HEALTH CARE FACILITIES

SUBCHAPTER C SPECIFIC REQUIREMENTS FOR GENERAL AND SPECIAL HOSPITALS

DIVISION 8 BUILDING SYSTEMS

§520.181. General.

(a) Where a psychiatric patient may use a space, its finishing, furnishings, and hardware shall be in accordance with §520.178 of this chapter (relating to Psychiatric Finishes and Furnishings) and this section.

(b) In a multi-tenant building where this chapter permits sharing of building systems, the following requirements shall be met.

(1) Shared systems shall meet the new construction requirements of this chapter.

(2) Where a crisis stabilization unit (CSU) resides in a multi-tenant building, which does not have a licensed hospital in that building, the CSU shall be prohibited from any building system, except for cold water, drainage system, sprinkler system, and normal electrical service.

(3) Sharing of the rooms listed in §520.10 of this chapter (relating to Shared Spaces) shall be permitted where all following conditions are met:

(A) the licensed facility’s equipment shall be clearly and permanently labeled with lettering stating, "(name of licensed facility) Service - Contact (name of licensed facility representative) before servicing or handling;”

(B) signage shall be weatherproof, where applicable; and

(C) rooms listed in §520.10 of this chapter shall be accessible to competent authorized personnel of the licensed facility.

§520.182. Heating, Ventilation, and Air-Conditioning Systems.

(a) Space shall be provided to support use, access, and servicing of Heating, Ventilation, and Air-Conditioning (HVAC) systems.

(b) HVAC systems shall meet state and local building code requirements, ANSI/ASHRAE/ASHE Standard 170: Ventilation of Health Care Facilities, International Mechanical Code 2018 edition, and the requirements of this section.

(c) HVAC units and their pieces of apparatus, such as diffusers, manometer, emergency power off switch, and thermostat, etc. shall be maintained in a good working condition. Repairs or replacement shall be made when an HVAC system or its pieces of apparatus are damaged or in a non-working condition. Exposed HVAC units or the unit’s pieces of apparatus that have been abandoned shall be removed from the licensed facility and the surrounding surfaces shall be repaired, as necessary. The licensed facility shall maintain ventilation equipment to provide appropriate pressure relationships, air-exchange rates, and filtration efficiencies for ventilation systems serving areas specially designed to control airborne contaminants (such as biological agents, gases, fumes, and dust).

(d) The Texas Health and Human Services Commission (HHSC) Architectural Review Unit (ARU) shall require a licensed facility to provide the following required documents during a final architectural inspection.

(1) During a final architectural inspection, a signed, sealed, and dated letter from the professional engineer shall be provided which indicates that no exceptions were noted upon reviewing the HVAC testing, adjusting, and balance (TAB) report, in accordance with 2017 edition of ASHRAE 170 and the engineer’s contract construction documents. TAB report shall be provided to HHSC's Architectural Review Unit (ARU) only at the request of the inspector.

(2) During a final architectural inspection, test and balance reports may be requested for any portion of the licensed facility that appear to have inappropriate pressure relationships.

(3) During a final architectural inspection where a previously licensed facility applies for initial licensure, a signed, sealed, and dated letter from the professional engineer shall be provided, which indicates that no exceptions were noted upon reviewing the differential air pressurization from a current test and balance report, TAB, in accordance with 2017 edition of ASHRAE 170.

(e) In a multi-tenant building, sharing of the HVAC system shall be permitted where the requirements of this section are met, §520.181 of this division (relating to General) is met, and the dedicated components listed in this section are installed in each licensed facility.

(1) In a multi-tenant building where a host licensed hospital and a guest licensed hospital or a crisis stabilization unit (CSU) reside, the HVAC system may be shared where adequate capacity is available. The host licensed hospital shall be responsible for maintenance, testing, and upkeep of the HVAC system. The guest licensed hospital or a CSU shall be responsible for maintenance, testing, and upkeep of their HVAC components listed in subsection (f) of this section. When the host licensed hospital license is voided, the guest licensed hospital or a CSU shall be responsible for maintenance, testing, and upkeep of the HVAC system. Where the former host hospital is now occupied by another tenant other than another hospital, the requirements of this section shall apply, and ARU shall conduct a final architectural inspection to ensure compliance.

(2) In a multi-tenant building where a host licensed hospital and a guest licensed ambulatory surgical center (ASC), end stage renal disease (ESRD) facility, or freestanding emergency medical care (FEMC) facility reside who share the same governing body, the HVAC system may be shared where adequate capacity is available. The host licensed hospital shall be responsible for maintenance, testing, and upkeep of the HVAC system. The ASC, ESRD, or FEMC shall be responsible for maintenance, testing, and upkeep of their HVAC components listed in §520.188(f) of this division (relating to Fire Alarm System).When the host licensed hospital is voided or there is a change of governing bodies, the EES system for the ASC shall be separated, unless allowed in the applicable facility-specific subchapter of this chapter. If an ESRD or FEMC HVAC system selects the contingency with a permanent generator, the EES system shall be separated, unless allowed in the applicable facility-specific subchapters of this chapter. The ASC, ESRD, or FEMC shall notify ARU via an application package and ARU shall conduct a final architectural inspection.

(3) In a multi-tenant building where a host licensed hospital and a licensed ASC, ESRD, or FEMC reside who do not share the same governing body, the HVAC system, including supply and return and exhausted air HVAC devices, and ductwork shall be prohibited from sharing, except for the following conditions. In a multi-tenant building where a host licensed hospital and a licensed ASC, ESRD, FEMC or other non-licensed acute healthcare tenants reside, the host licensed hospital may its supply source with other tenants provided the following conditions are met:

(A) the other tenant space is at maximum 1,000 square feet; and

(B) return air shall not be returned to the host licensed hospital.

(4) In a multi-tenant building where a licensed hospital and other non-licensed acute healthcare tenants reside, the HVAC system, including supply and return and exhausted air HVAC devices, and ductwork shall be prohibited from sharing, except under the following conditions:

(A) In a multi-tenant building where a host licensed hospital and a hospice reside, the HVAC shall be permitted to be shared with the hospice provided the following conditions are met:

(i) hospice is located at the end of a host licensed hospital’s patient care unit’s wing;

(ii) hospice has 10 or fewer patient beds;

(iii) host licensed hospital is responsible for the maintenance, testing, and upkeep of the HVAC units; and

(iv) host licensed hospital provides written consent to this arrangement.

(B) In a multi-tenant building where a host licensed hospital and other non-licensed acute healthcare tenants reside, the host licensed hospital may share its supply source with other tenants provided the following conditions are met:

(i) the other tenant space is at maximum 1,000 square feet; and

(ii) return air shall not be returned to any licensed facility.

(5) In a multi-tenant building where multiple licensed ASCs, ESRDs, or FEMCs reside who share the same governing body, the HVAC system may be shared where adequate capacity is available. The host licensed facility shall be responsible for maintenance, testing, and upkeep of the HVAC system. The guest licensed facility shall be responsible for maintenance, testing, and upkeep of their HVAC components listed in subsection (f) of this section. When the host licensed facility license is voided or there is a change of governing bodies, the EES system for the ASC shall be separated, unless allowed in the applicable facility-specific subchapter of this chapter. If an ESRD, or FEMC HVAC system selects the contingency with a permanent generator, the EES system shall be separated, unless allowed in the applicable facility-specific subchapters of this chapter. The ASC, ESRD, or FEMC shall notify ARU via an application package and ARU shall conduct a final architectural inspection for the facility.

(6) In a multi-tenant building where multiple licensed ASCs, ESRDs, or FEMCs reside who do not share the same governing body, the HVAC system, including supply and return and exhausted air HVAC devices, and ductwork shall be prohibited from sharing.

(7) In a multi-tenant building where a home training ESRD and a non-licensed tenant reside, the home training ESRD may share the building's supply air where the following requirements are met:

(A) All supply air (entire minimum total air changes per hour of recirculating airflow) provided to any ESRD space shall be filtered by passing through HEPA filters before it is introduction in the space. A HEPA filter shall be those that remove at least 99.97% of 0.3 micron-sized particles at the rated flow in accordance with the testing methods of the Institute of Environmental Sciences and Technology (IEST) RP-CC001.6 (IEST 2016).

(B) High efficiency particulate air (HEPA) filters are located inside the facility’s licensed boundary. The building supply air shall cross the HEPA filters before supplying air to any portion of the home training ESRD facility.

(C) HEPA filters and filter frames shall be visually inspected for pressure drop and for bypass monthly and the inspections logged. HEPA filters shall be replaced, based on pressure drop, with filters that provide the efficiencies of at least 99.97% (minimum MERV 17 rating).

(D) The multi-tenant building shall provide the ESRD a log of filter replacements for each air handler serving the ESRD. All filters shall be maintained to any unit supplying air into the ESRD.

(E) Outdoor air changes shall be provided at the multi-tenant building’s air handing unit that supplies air to the ESRD.

(F) Each HEPA filter bank shall be provided with an installed manometer or differential pressure measuring device that is viewed from the ESRD nurse station. It shall provide a reading of differential static pressure across the filter to indicate when the filter needs to be changed.

(f) A licensed facility shall provide the following components regardless if the system may be shared. The following components shall be dedicated to and in the confines of each licensed facility, unless allowed in the applicable facility-specific subchapters of this chapter.

(1) Each air distribution system shall be provided with at least one manually operable means, emergency power off switch (EPO) or building automation system (BAS), for stopping the operation of the supply and return fans from spreading of smoked-filled air throughout the licensed facility. A written policy, including points of contact, shall be retained at the licensed facility and shall train staff to take the appropriate actions to activate the EPO or BAS. In a multi-tenant building where the HVAC may be shared, according to subsection (e) of this section, the host licensed facility is responsible for maintenance, testing, and upkeep of the BAS. When the host licensed facility's license is voided or change of ownership occurs, the guest licensed facility shall provide a separate EPO or BAS at that time. The guest licensed facility shall notify ARU via an application package and ARU shall conduct a final architectural inspection. Either an EPO or BAS shall be provided and meet one of the following requirements:

(A) An EPO switch shall be provided at a constantly attended monitoring station and shall be visible from direct line of sight at that station in the licensed facility or shall provide direct communication to competent staff members from a host licensed facility who has knowledge of stopping the HVAC unit and is in the licensed facility during its operational hours. Protection shall be permitted to minimize accidental activation. Signage shall be provided at each EPO switch identifying the HVAC unit serving it in accordance with §520.171 of this subchapter (relating to Signage).

(B) A BAS shall be operated by a competent staff member from a licensed facility who has working knowledge of operating the BAS and the staff member is in the licensed facility during its operational hours. During a final architectural inspection, the BAS shall be successfully demonstrated. In a multi-tenant building where the HVAC may be shared, according to subsection (e) of this section, omission of BAS in the guest licensed facility shall be permitted where direct communication to a competent staff member of a host licensed facility is provided and they have knowledge of stopping the HVAC unit and is in the licensed facility during its operational hours.

(2) Manometers (differential pressure monitoring devices) shall be provided to indicate when a final filter goes beyond its set points indicating the filter requires changing. When the final filter goes beyond the set points, action shall be taken to replace the dirty filter with a new filter. Manometers shall be provided at a constantly attended monitoring station and shall be visible from direct line of sight at that station in the licensed facility or shall provide a remote signal to a competent staff member from a host licensed facility who can take the appropriate action. Signage shall be provided at the manometer identifying the applicable HVAC unit in accordance with §520.171 of this subchapter.

(A) In a multi-tenant building where the HVAC maybe shared, according to subsection (e) of this section, the guest licensed facility shall provide an alarm panel that monitors the HEPA filters. The alarm panel shall be viewed from a constantly attended monitoring station and shall be visible from direct line of sight at that station in the licensed facility.

(B) As an equivalent substitute, a differential pressure sensor connected to the BAS system shall be permitted. During a final architectural inspection, the BAS shall be successfully demonstrated, and as a required document, a policy shall be provided to note the action taken when the HEPA filter goes beyond its set points.

(g) Fully ducted supply, return and exhaust air of an HVAC system shall be provided for all patient care areas, including patient care units, patient care diagnostic/treatment areas, patient clinical care, patient care support rooms, storage rooms, hemodialysis water treatment rooms, hemodialysis concentrate mixing rooms, and spaces that have required pressure relationships in accordance with the 2017 edition of ASHRAE/ASHE Standard 170. Combination systems, utilizing both ducts and plenums for movement of air in these areas, shall be prohibited. Where plenum air for non-patient areas is provided, a physical separation from slab to bottom of deck shall be provided from the ducted areas. All ductwork access panels shall be labeled. Mini-split systems to provide focused cooling to a non-patient care room, such as a computer server room, shall be permitted.

(h) Exposed overhead HVAC ductwork, such as horizontal duct runs, or on walls where possible accumulation of dust or soil may create a cleaning problem by standard housekeeping practices, shall be prohibited at patient care areas, including pharmacies, laboratories, dietary unit, central sterile areas, operating rooms, procedure rooms, cesarean delivery rooms, and patient unit corridors.

(i) HVAC ducts shall be visibly clean, and the interior surface shall be free from non-adhered substances and debris. Where a duct appears visibly clean, no further cleanliness verification methods are required by ARU. Where ducts are deemed dirty, ducts shall be cleaned thoroughly and throughout. Upon the cleaning of the ducts, a written report by a National Air Duct Cleaners Association (NADCA) certified air system cleaning specialist shall assure cleanliness of ducts and clean air quality. This required document shall be reviewed and approved as one of the requirements to receive a final architectural inspection form.

(j) HVAC units shall not be started or operated without all minimum efficient rating value (MERV) filters installed, as indicated in ASHRAE/ASHE Standard 170-2017 Table 6.4. Where HVAC units were operated without MERV filters, ducts shall be cleaned thoroughly and throughout. Upon the cleaning of the ducts, a written report by a NADCA certified air system cleaning specialist shall assure cleanliness of duct and clean air quality. This required document shall be reviewed and approved as one of the requirements to receive a final architectural inspection form.

(k) Final filters and filter frames shall be visually inspected for pressure drop and for bypass monthly. Filters shall be replaced, based on pressure drop, with filters that provide the efficiencies specified in ASHRAE/ASHE Standard 170-2017 Table 6.4.

(l) Documentation of filter replacements shall be maintained for each air handler. Discarded filters from air handler units shall be removed from the licensed facility.

(m) HVAC diffusers, grilles, and registers shall be clean and free of debris, with no visible collection of dust.

(n) The HVAC unit shall provide lettering on it which identifies that unit as described in §520.171 of this subchapter.

(o) Mechanical equipment shall be securely fastened or ballasted to the supporting roof structure and provide weather protection where the fasteners penetrate the roof.

(p) Where a monolithic ceiling is provided and access to variable air volume (VAV) box is required, the primary access to the system shall be a provided with at least a 24-inch by 48-inch access panel.

(q) Where a smoke evacuation system exists, it shall remain operational. A licensed facility may decommission the system. Removal of the smoke evacuation system includes at minimum the removal of the smoke exhaust grilles, the room controls, and any other function the professional engineer determines necessary for decommissioning. The facility’s functional program shall include the sequence of decommissioning the system and shall include the risk to patients where the ductwork is not removed. The licensed facility shall submit smoke evacuation decommissioning as an application package to ARU for review.

(r) Where renovation occurs, ventilation of the construction zone shall meet the following requirements:

(1) the air inside the construction area shall maintain appropriate air pressure relationships with the adjacent areas;

(2) exhaust discharge shall be at least 25 feet from any fresh air intakes;

(3) existing air ducts shall be sealed and filtration shall be provided over the return and exhaust air grilles and ductwork openings in all construction areas;

(4) filtration shall be provided at all return air inlets to minimize dust accumulation and the return ducts system shall be thoroughly cleaned before occupancy of the construction area; and

(5) construction barriers shall be maintained at a pressure differential of at least 0.03-inch water gauge, with airflow from the licensed facility’s clean areas to the construction’s dirty areas. Construction barriers shall provide visual display of airflow direction.

(s) Additional HVAC requirements are described in Subchapter L of this chapter (relating to Specific Requirements for Mobile/Transportable Units) where mobile/transportable units are permitted.

§520.183. Electrical Systems.

(a) A licensed facility's electrical systems shall meet the following requirements.

(1) Space shall be provided to support use, access, and servicing of electrical systems.

(2) In a general hospital, special hospital, private psychiatric hospital, or ambulatory surgical center (ASC) that provides electroconvulsive therapy (ECT), transcranial magnetic stimulation (TMS), multisystemic therapy (MST), and other similar procedures, a Type 1 essential electrical system (EES) shall be provided. In a private psychiatric hospital that does not provide ECT, TMS, MST, and other similar procedures, and at a freestanding emergency medical care facility (FEMC) and a crisis stabilization unit (CSU), at minimum, a Type 2 EES shall be provided, as described in Subchapter E of this chapter (relating to Specific Requirements for Crisis Stabilization Units). At an end stage renal disease facility (ESRD), a generator shall be provided.

(3) Before a final architectural inspection, a permanent generator shall be installed and operational. A temporary generator shall not be an approved equivalent for a project that indicated a generator in the contract construction drawings.

(4) Where a new or upgraded (replacement) generator is installed, an application package shall be submitted to the Texas Health and Human Services Commission (HHSC) Architectural Review Unit (ARU) and the ARU shall conduct a final architectural inspection.

(5) A licensed facility shall:

(A) report all incidents of generator failure to the ARU;

(B) submit the report as soon as possible, but not later than 10 calendar days following the incident; and

(C) report any incident causing injury to a person from a failed generator to ARU no later than the next business day after the incident.

(b) Electrical systems, including all electrical material, shall meet state and local building code requirements and the following codes and standards.

(1) Normal power shall meet the requirements in this section and shall be installed and tested in compliance with applicable sections of:

(A) NFPA 70: National Electrical Code;

(B) NFPA 99: Health Care Facilities Code; and

(C) International Electrical Code, 2018 edition.

(2) The essential power system shall meet the requirements in this section and shall be installed and tested in compliance with applicable sections of:

(A) NFPA 70: National Electrical Code;

(B) NFPA 99: Health Care Facilities Code;

(C) NFPA 101: Life Safety Code;

(D) NFPA 110: Standard for Emergency and Standby Power Systems; and

(E) NFPA 111: Standard on Stored Electrical Energy Emergency and Standby Power Systems.

(3) All electrical material and equipment shall be listed as complying with available standards of listing agencies or other similar established standards where such standards are required.

(c) Electrical systems and their electrical devices, such as light fixtures, receptacles, switches, panelboards, lights, and other components, shall be maintained in good working condition. Repairs or replacements shall be made when an electrical system or an electrical device is damaged or in a non-working condition. Exposed electrical devices that have been abandoned shall be removed from the licensed facility and the surrounding surfaces shall be repaired. Where renovation work is undertaken, the replacement of malfunctioning receptacles or installation of new receptacles powered from the emergency electrical system shall meet the requirements in this section.

(d) As applicable, HHSC may require a licensed facility to provide one or more of the following required documents related to the facility's electrical system during a final architectural inspection.

(1) During a final architectural inspection where a permanent generator was installed, a signed, sealed, and dated letter from the professional engineer shall be provided which indicates that no exceptions were noted upon reviewing the EES selective coordination report and the system was properly coordinated for the best possible continuity of service with the installed equipment.

(2) During a final architectural inspection where new receptacles were installed at patient care areas and their support spaces; a signed, sealed, and dated letter from the professional engineer or from a master electrician shall be provided, which indicates that no exceptions were noted upon reviewing the grounding test and that it appears to comply with the 2018 edition of NFPA 99, Health Care Facilities. In addition to the letter required by this paragraph, a grounding report shall be provided. The grounding report shall include the impedance measurements made between a reference grounding point and the receptacle grounding contact in each patient care area. The grounding report shall include the testing values that meet the requirements of NFPA 99-2018, 6.3.3.

(3) During a final architectural inspection where an existing patient care area and its support space were renovated without any new electrical receptacles, a log shall be provided which indicates the testing of existing receptacles for grounding blade physical integrity, continuity, polarity, and retention force.

(4) In a multi-tenant building where the generator is shared, according to subsection (e) of this section, a signed, sealed, and dated letter from the professional engineer shall be provided during a final architectural inspection that indicates no exceptions were noted when surveying the shared system for compliance with this chapter.

(e) In a multi-tenant building, sharing of the normal electrical system and the essential electrical system shall be permitted where this section is met, §520.181 of this division (relating to General) is met, and the dedicated components listed in this section are installed in each licensed facility. The licensed facility shall be responsible for maintenance, testing, and upkeep, even if this system is owned by another tenant.

(1) Sharing a normal electrical system, meaning that the normal electrical system may be a part or extension of the one in the existing building, shall be permitted where all the following requirements are met.

(A) The breaker serving the licensed facility shall originate in the main switchboard and shall be clearly and permanently labeled "(name of licensed facility) Service - Contact (name of licensed facility) Representative Prior to Opening Breaker.”

(B) The normal power distribution panelboard or panelboards, and electrical service for power and lighting shall be in the licensed facility. Omission of this requirement shall apply to a crisis stabilization unit (CSU) that is a guest of the host licensed hospital.

(C) The electrical room for the distribution of the EES shall be provided separate from the multi-tenant building normal electrical room.

(2) In a multi-tenant building, sharing the essential electrical system shall be permitted where this section is met, §520.181 of this division is met, and the dedicated components listed in this section are installed in each licensed facility. The licensed facility shall be responsible for ensuring the maintenance, testing, and upkeep is conducted, even if this system is owned by another tenant.

(A) In a multi-tenant building where a licensed host hospital and a licensed guest hospital or a CSU reside, the EES and the generator may be shared when adequate capacity is available. The host hospital shall be responsible for maintenance, testing, and upkeep of the EES and the generator. The guest hospital or a CSU shall be responsible for maintenance, testing, and upkeep of their electrical components listed in subsection (f) of this section. When the host hospital license is voided, the guest hospital or the CSU shall be responsible for maintenance, testing, and upkeep of the EES, including the generator. When the host hospital space where the guest hospital or CSU was located is now occupied by another tenant, other than a hospital, the requirements of this subsection shall apply and ARU shall conduct a final architectural inspection to ensure compliance.

(B) In a multi-tenant building where a host licensed hospital and a licensed ASC, ESRD, or FEMC facility reside and share the same governing body, the EES, including the generator, may be shared where adequate capacity is available. The host licensed hospital shall be responsible for maintenance, testing, and upkeep of the EES system. The ASC, ESRD, or FEMC shall be responsible for maintenance, testing, and upkeep of their EES components, listed in §520.188(f) of this division (relating to Fire Alarm System).When the former host hospital is voided or there is a change of governing bodies, the EES system for the ASC, shall be separated, unless allowed in the applicable facility-specific subchapter of this chapter. If an ESRD or FEMC selects the contingency with a permanent generator, the EES system shall be separated, unless allowed in the applicable facility-specific subchapter of this chapter. The ASC, ESRD, or FEMC shall notify ARU via an application package and ARU shall conduct a final architectural inspection.

(C) In a multi-tenant building where a licensed host hospital and a licensed ASC, ESRD, or FEMC reside and do not share the same governing body, sharing the EES, including the generator, is prohibited unless a dedicated automatic transfer switch is provided for each licensed ASC, ESRD, and FEMC.

(D) In a multi-tenant building where a licensed hospital and non-licensed healthcare tenants reside, the generator shall be prohibited from sharing unless separate, dedicated automatic transfer switches are provided for each tenant, with the following exceptions. In a multi-tenant building where a licensed host hospital and a hospice reside, the generator may be shared, without separate transfer switches, with the hospice provided:

(i) the hospice is located at the end of a licensed host hospital’s patient wing;

(ii) the hospice has 10 or fewer patient beds;

(iii) the licensed host hospital is responsible for the maintenance, testing, and upkeep of the generator units; and

(iv) the licensed host hospital consents to this arrangement.

(5) In a multi-tenant building where multiple licensed ASCs, ESRDs, or FEMCs reside who share the same governing body:

(A) the EES may be shared where adequate capacity is available;

(B) the host licensed facility shall be responsible for maintenance, testing, and upkeep of the EES;

(C) the guest licensed facility shall be responsible for maintenance, testing, and upkeep of their EES components listed in subsection (f) of this section;

(D) when the host licensed facility has a voided license or there is a change of governing bodies, the ASC, ESRD, or FEMC the EES shall be separated, unless allowed in applicable facility-specific subchapter of this chapter; and

(E) the ASC, ESRD, or FEMC shall notify the ARU via an application package and the ARU shall conduct a final architectural inspection for the facility.

(6) In a multi-tenant building where multiple licensed ASCs, ESRDs, or FEMCs reside who do not share the same governing body, the EES shall be prohibited from sharing.

(7) In a multi-tenant building where a home training ESRD and a non-licensed tenant reside, the home training ESRD may share the building's generator.

(f) Each licensed facility shall provide the following dedicated components regardless of whether the system may be shared, and they shall be dedicated to and in the confines of each licensed facility, unless allowed in the applicable facility-specific subchapter of this chapter.

(1) An emergency generator annunciator alarm panel shall be provided at a constantly attended monitoring station visible from direct line of sight at that station in the licensed facility. A competent staff member from the licensed facility shall be in the licensed facility during operational hours to take the appropriate action when the alarm is activated.

(2) Each generator shall be provided with a manually operable means, such as an emergency power off (EPO) switch, for stopping the operation of the generator.

(A) A written policy, including points of contact, shall be retained at the licensed facility.

(B) The licensed facility shall provide training to staff to take the appropriate action to test the generator.

(C) In a multi-tenant building where the generator is shared, according to subsection (e) of this section, the host hospital is responsible for maintenance, testing, and upkeep of the generator’s EPO. When the host hospital license is voided, the guest licensed healthcare facility shall provide an EPO in their licensed facility that serves the generator. The ARU shall conduct a final architectural inspection to ensure compliance.

(D) The EPO shall be in a secured location, accessible to the licensed facility’s competent staff;

(i) be in a protective enclosure that requires two actions to stop the generator in effort to reduce the chance of accidental and unauthorized operation;

(ii) have permanent signage with instruction for activation and signage at each EPO switch identifying the generator unit serving it, as described in §520.171 of this subchapter (relating to Signage);

(iii) where located outdoors, have a weatherproof enclosure and be appropriately labeled; and

(iv) meet all applicable codes, including those in subsection (b) of this section.

(g) Electrical distribution and transmission shall meet the following requirements.

(1) Switchboards, switchgear, and automatic transfer switches shall be:

(A) located in a room that meets the requirements of NFPA 70: National Electrical Code;

(B) accessible to authorized competent persons only; and

(C) located in a dry, ventilated space free of corrosive or explosive fumes, gases, or any flammable material.

(2) Overload protective devices shall be listed for the ambient room temperature for the space in which they are installed.

(3) Panelboards shall comply with the following requirements.

(A) All panelboards shall be accessible to authorized competent personnel of the licensed facility they serve.

(B) Panelboards serving critical branch circuits shall be located on each floor where services are provided. In a multi-tenant building, each tenant shall provide its own critical branch circuits, except in a multi-tenant building where a licensed host hospital and a hospice reside, the panelboards serving critical branch circuits may be shared with and located in the licensed host hospital provided the:

(i) hospice is located at the end of a licensed host hospital’s patient wing;

(ii) hospice has 10 or fewer patient beds;

(iii) licensed host hospital is responsible for maintenance, testing, and upkeep of the panelboards; and

(iv) licensed host hospital consents to this arrangement.

(C) Panelboards serving life safety branch circuits shall be permitted to serve the floors on which they are located and the floors immediately above and below the level where the panel is located.

(D) New panelboards shall not be in exit enclosures or exit passageways. Existing panelboards located in exit enclosures or exit passageways shall be locked and staff selected by the governing body shall provide access to keys.

(E) Panelboards serving normal branch circuits in patient care areas shall be located on each floor where services are provided.

(F) The room number or station indicated at the panelboards of the EES shall match the permanent signage for each room number or station, as described in §520.171 of this subchapter (relating to Signage).

(3) Ground-fault circuit interrupters (GFCIs) shall comply with the following requirements.

(A) GFCIs shall comply with NFPA 70: National Electrical Code.

(B) Where GFCIs are provided in critical care areas, each receptacle shall be individually protected by a single GFCI device.

(C) Where minor remodeling is undertaken, a non-GFCI receptacle within three feet of a plumbing fixture shall be replaced with a GFCI receptacle.

(h) Where a generator is required or provided, it shall meet the power generating and power storing equipment requirements in this subsection.

(1) Where stored fuel is required for a generator, fuel storage capacity shall have a continuous operation for at least 24 hours. Where a vapor liquefied petroleum gas system (natural gas) is provided for a generator, the fuel capacity at the licensed facility’s site is not required, however, the natural gas system shall require a dedicated fuel supply.

(2) Acoustic requirements for generators shall meet the following requirements.

(A) An engine exhaust muffler shall be provided for the generator.

(B) Generator system designs shall assure the maximum noise levels in §520.1203 of this chapter (relating to Maximum Design Criteria for Noise in Interior Spaces Caused by Building Systems) are not exceeded.

(3) Generator pad, transfer switches and panelboards shall be a minimum 18 inches above flood plain or in accordance with local code, whichever is more stringent.

(i) Required lighting levels for artificial illumination shall comply with Illuminating Engineering Society (IES) publication ANSI/IES RP-29: Recommended Practices for Lighting for Hospitals and Healthcare Facilities and the following requirements.

(1) Where special lighting needs for the elderly are required, they shall be incorporated into the lighting design.

(2) Uplight fixtures installed in patient care areas shall be covered.

(3) Luminaires in wet areas, such as kitchens and showers, shall have smooth, cleanable, shatter-resistant lenses and no exposed lamps.

(4) Lighting approaches to buildings and parking lots that serve the licensed facility, and all spaces within the building or buildings shall have fixtures that are illuminated, including roads, parking lots, parking garages, and pedestrian walkways. All rooms shall have enough artificial lighting so that all spaces are clearly visible, including storerooms, electrical and mechanical equipment rooms, crawl spaces, shelled rooms, and attics.

(5) Lighting for specific locations shall meet the following requirements.

(A) Patient bedrooms shall have general lighting. At least one general light fixture shall be powered from the critical branch of the EES. The general lighting shall be controlled at the room entrance.

(i) Lighting for reading shall be provided for each patient bed.

(I) Reading light controls shall be accessible to the patient without the patient having to get out of bed.

(II) At patient care areas, incandescent and halogen light sources that produce heat shall be placed or shielded to protect the patient from injury.

(III) Unless the light source is specifically designed to protect the space below, the light source shall be covered by a diffuser or lens.

(IV) Flexible light arms, if used, shall be mechanically controlled to prevent the lamp from contacting the bed linen.

(ii) At least one night-light fixture shall be in each patient bedroom that shall be controlled at the room entrance or by central control, such as a common switch at the nurse station or by a time clock. Where night lighting is achieved by central control, the control of night lighting at the room entrance shall not be required. The night light shall be powered from the critical branch of the EES. The facility’s functional program shall indicate how night lighting is achieved.

(I) Patient control of the night-light shall be permitted via three-way switching or low-voltage controls.

(II) The night-light shall be located for staff and patient use, to illuminate both the path from the bedroom entrance to the bedside and the path between the bed and the toilet room.

(iii) Lighting for special patient care bedrooms shall meet the requirements of this paragraph and the following requirements.

(I) Luminaires in psychiatric areas shall be tamper-resistant and engineered for that specific application.

(II) General lighting shall be powered by the critical branch of the EES for procedure rooms, including ECT treatment rooms and ECT recovery area, including where other TMS, MST, and similar procedures are performed.

(III) Lighting for critical care bedrooms shall allow staff observation of the patient while minimizing glare.

(IV) Where a dedicated oncology patient care bedroom is provided, light coves, non-flush surfaces, and areas that collect dust shall be prohibited. Lighting shall be adjustable to meet standards for high visibility during procedures and still allow patient sleep and comfort.

(V) Protective environment (PE) patient bedroom lighting fixtures shall have lenses and shall be sealed.

(VI) Lighting for a neonatal intensive care unit (NICU) shall meet the following requirements.

(-a-) Provisions shall be made for indirect lighting and high-intensity lighting in the NICU.

(-b-) Electric light sources shall have a color rendering index of no less than 80, a full-spectrum color index of no less than 55, and a gamut area of no less than 65 and no greater than 100.

(-c-) Controls shall be provided to enable lighting to be adjusted over individual patient care spaces.

(-d-) Darkening for transillumination shall be available.

(-e-) Direct ambient lighting shall not be permitted in the infant care station; however, the use of direct procedure lighting is excluded from this requirement.

(-f-) Any direct ambient lighting used outside the infant care station shall be located or framed to avoid a direct line of sight from the infant to the fixture.

(-g-) Lighting fixtures shall be cleanable.

(B) Patient care unit corridors shall have general illumination.

(C) An examination or treatment light shall provide a directional light beam. A flush mounted or a recessed ceiling lighting system shall not be an equivalent for an exam light unless it provides a directional beam. Omission of this requirement shall be permitted where portable examination lights are provided during a final architectural inspection at a ratio of one portable exam light for each six or fewer examination or treatment rooms or stations and for each major fraction thereof and shall be onsite during the final architectural inspection.

(D) Lighting in operating and delivery rooms and invasive imaging rooms shall meet the following requirements.

(i) General lighting shall be provided, in addition to permanently mounted special lighting units at surgical and obstetrical tables.

(ii) General lighting and special lighting shall be on separate circuits and powered by the critical branch.

(E) Lighting in support areas shall meet the following requirements.

(i) Medication safety zone work areas and pharmacy areas shall be provided in accordance with NFPA 99, U.S. Pharmacopeia-National Formulary and USP-NF General Chapter <1066>, Physical Environments That Promote Safe Medication Use. In corridors the lighting over the medication safety zone work areas may be powered by the life safety branch of the EES where it meets the requirements in this section.

(ii) A dietary unit's lighting, serving area lighting, or both shall have a shatterproof or protective cover.

(iii) Where the emergency site sign is permitted to be located on the building façade, the signage shall be powered by the EES, as described in §520.33(g) of this chapter (relating to Site Features).

(iv) Lighting for the emergency unit’s “AMBULANCE” sign and “EMERGENCY” sign, located at the building’s entrance, shall be provided as described in §520.36(e)(5)(C)(ix) and §520.36(e)(6)(I) of this chapter (relating to Parking and Loading) and shall be powered by the critical branch.

(v) Lighting below the canopy, at the emergency unit’s covered public and ambulance entrance, shall be powered by the critical branch. This may be powered by the life safety branch where it serves as the egress path lighting; however, the lighting shall be sufficient to refer to a patient’s face and body.

(vi) Lighting below the canopy, at the covered public entrance, shall be powered by the critical branch. This may be powered by the life safety branch where it serves as the egress path lighting.

(vii) Lighting at the heliport and the path of travel to the licensed facility shall be powered by the life safety branch.

(j) Electrical equipment shall meet the following requirements.

(1) Any required hand-washing sink or hand scrub sink that depends on the building electrical service for operation shall originate from the critical branch of the emergency electrical system of a Type 1 EES or an equipment branch of the emergency electrical system of a Type 2 EES.

(2) Electronic health record system servers and centralized storage equipment shall be provided with an uninterruptible power supply.

(3) In addition to the requirements in NFPA 99: Health Care Facilities Code, and where noted in other sections of this chapter, the following spaces or equipment and appliances shall be powered from the critical branch of a Type 1 EES, an equipment branch of a Type 2 EES, or as approved by ARU:

(A) air conditioning cooling connected to the equipment branch, and a separate transfer switch for that equipment branch may be installed for the air conditioning cooling;

(B) HVAC for the pharmacy room and laboratory room, except in a CSU or hospital with less than 25 licensed beds;

(C) HVAC serving the telecommunications service entrance room and a distribution frame (MDF) technology distribution room, except it may be powered by critical branch where it meets the requirements of NFPA 99: Health Care Facilities Code;

(D) laboratory equipment exhaust hood or hoods, except it may be powered by critical branch where it meets the requirements of NFPA 99: Health Care Facilities Code;

(E) building automation system (BAS) for the emergency power off switch (EPO) and the HVAC BAS, where provided, except the BAS may be powered by critical branch where it meets the requirements of NFPA 99: Health Care Facilities Code;

(F) chiller;

(G) boiler accessories including feed pumps, heat-circulating pumps, condensate return pumps, fuel oil pumps, and waste heat boilers;

(H) any equipment required to provide potable water in the event of a utility failure or disaster, except the equipment may be powered by critical branch where it meets the requirements of NFPA 99: Health Care Facilities Code;

(I) a dedicated elevator for a licensed facility, except for the items required to be on the life safety branch;

(J) computerized equipment, such as all imaging equipment or modalities, multiphasic laboratory analyzing units, and computers, and shall be protected from power surges and spikes that might damage the equipment or programs; and the Uninterruptable power supply (UPS) for the equipment shall serve as an equivalent substitute or where NFPA 99: Health Care Facilities Code allows the equipment to be powered from the critical branch; and

(K) fixed and mobile x-ray equipment installations that shall conform to articles 517 and 660 of NFPA 70.

(k) Electrical receptacles shall comply with the following requirements.

(1) Receptacles in patient care areas shall be provided according to §520.1207 of this chapter (relating to Electrical Receptacles for Patient Care Areas), ECT treatment rooms and ECT recovery area, including where other TMS, MST, and similar procedures are performed.

(2) Where a facility is undertaking renovation work in any patient care area, changing the use designation of a patient care room, or replacing existing receptacles in a patient care room, the non-hospital grade receptacles shall be replaced with hospital grade receptacles.

(3) Grounded hospital-grade receptacles shall be provided in any patient care treatment area or patient care unit, including a CSU.

(4) Receptacles in corridors shall meet the following requirements.

(A) Duplex-grounded receptacles for general use shall be provided approximately 50 feet apart in all corridors and within 25 feet of corridor ends.

(B) Receptacles in pediatric and psychiatric unit corridors shall be of the tamper-resistant type.

(5) Receptacles in patient care areas shall be provided according to §520.1207 of this chapter. Psychiatric patient care receptacles in a general or special hospital, private psychiatric hospital, or CSU patient care unit shall be:

(A) tamper-resistant and engineered for that specific application, where provided in psychiatric bedrooms, toilet rooms, bathing rooms, or any other location a psychiatric patient is unattended;

(B) prohibited in psychiatric seclusion rooms; and

(C) either ground-fault circuit interrupter devices or on a circuit protected by a ground-fault circuit breaker.

(6) Essential electrical system receptacles shall comply with the following requirements.

(A) Electrical receptacle cover plates or electrical receptacles supplied from the essential electrical system shall be distinctively colored or marked for identification.

(B) Where color is used for identification purposes, the same color shall be used throughout the licensed facility.

(C) In addition to the requirements in NFPA 99: Health Care Facilities Code, subsection (a) of this section, and noted elsewhere in this chapter, the following spaces or equipment or appliances shall be powered from the critical branch of a Type 1 EES, an equipment branch of a Type 2 EES, or as approved by the ARU:

(i) at least one receptacle where each battery-powered cardiopulmonary resuscitation (CPR) crash cart is stored;

(ii) at least one receptacle where each portable monitor or defibrillator unit is stored;

(iii) at least one receptacle where an autoclaving or sterilizing equipment is located;

(iv) laser equipment for procedures or surgical procedures;

(v) any sensor-regulated faucets, except for battery-operated sensor-regulated faucets;

(vi) at least one receptacle where the ice-making equipment is located;

(vii) refrigerators that store medicine or a self-contained medication-dispensing unit or automation medication-dispensing station;

(viii) laboratory’s blood storage refrigerator and its temperature monitoring and alarm signal system;

(ix) at least one receptacle in the dietary unit;

(x) at least one receptacle where each body-holding refrigerator

is stored;

(xi) pressure alarm for airborne infection isolation (AII) rooms, AII anterooms, Metaiodobenzylguanidine (MIBG) rooms, MIBG anterooms, AII/PE rooms, and AII/PE anterooms;

(xii) visible differential pressure gauge for the laminar-flow workstation in the pharmacy unit;

(xiii) infant abduction security system;

(xiv) security monitoring system for a newly constructed licensed facility or where re-opening an existing licensed healthcare facility;

(xv) panic buttons at the emergency unit;

(xvi) at least one receptacle for each electronic device used where documentation devices are stored;

(xvii) at least eight receptacles in a patient care unit’s equipment storage room;

(xviii) computer server and components that contain patient medical records; and

(xix) at least two duplex receptacles at any telemedicine location and at the telehealth room where clinicians perform e-visits.

(l) Where a mobile/transportable unit is permitted in the facility chapters, refer to Subchapter L of this chapter (relating to Specific Requirements for Mobile/Transportable Units) for additional electrical requirements.

§520.184. Plumbing Systems.

(a) Space shall be provided to support use, access, and servicing of plumbing systems.

(1) All piping, except control-line tubing, shall be identified.

(2) All valves shall be tagged, and a valve schedule shall be provided to the facility’s owner or administrator for permanent record and reference.

(3) No piping shall be exposed overhead or on walls where possible accumulation of dust or soil may create a cleaning problem by standard housekeeping practices or where leaks would create a potential for food contamination.

(4) Where polyvinyl chloride piping (PVC) is installed, the installation shall meet a flame spread index of not more than 25 and a smoke-developed index of not more than 50 when tested in accordance with ASTM E 84 or UL 723. Where insulation material is used in the installation, it shall be tested, and laboratory listed to meet UL 1887, NFPA 262 (UL 910), and ASTM E84. The installation design shall be indicated in the contract construction drawings and in the facility’s functional program.

(b) Plumbing systems shall meet state and local building code requirements and the requirements of this section. The 2018 edition of the International Plumbing Code shall be used in the absence of a locally adopted plumbing code.

(c) Plumbing fixtures and their pieces of apparatus, such as toilets, showers, sinks, etc., shall be maintained in good working condition. Repairs or replacement shall be made when a plumbing system or its pieces of apparatus are damaged or in a non-working condition. Exposed plumbing fixtures that have been abandoned shall be removed from the licensed facility and the surrounding surfaces shall be repaired, as necessary.

(d) As part of the required document package provided during a final architectural inspection where PVC is installed, the Texas Health and Human Services Commission (HHSC) Architectural Review Unit (ARU) shall request a signed, sealed, and dated letter from the professional engineer that indicates the professional engineer surveyed the fire-stop devices or collars at the PVC on both sides of the fire-rated wall and has no exceptions that the installation meets ASTM E 814.

(e) In a multi-tenant building, sharing the plumbing system shall be permitted where this section is met, §520.181 of this division (relating to General) is met, and the dedicated components listed in this section are installed in each licensed facility. The licensed facility shall be responsible for ensuring maintenance, testing, and upkeep is conducted, even if this system is owned by another tenant.

(1) In a multi-tenant building, the domestic cold-water distribution system may be shared where the licensed facility provides a dedicated isolation valve. Omission of a dedicated isolation valve shall apply to a hospice or a crisis stabilization unit (CSU) where it is located adjacent to and in the same building. The domestic water feed is not required to be separated from the site utilities.

(2) Steam systems may be shared with other tenants. The highest level of care shall be responsible for steam system maintenance, testing, and upkeep, including the boilers.

(3) Heated potable water (domestic hot water) distribution systems shall be provided in accordance with subsection (g)(4) of this section.

(4) A drainage system shall be provided in accordance with subsection (i) of this section.

(5) Emergency potable water storage shall be provided in accordance with subsection (f)(8)(C) of this section and subsection (k) of this section.

(f) Potable water supply systems shall meet the following requirements.

(1) Potable water supply systems shall be designed to supply water at sufficient pressure to operate all fixtures and equipment during maximum demand.

(2) Supply capacity for hot- and cold-water piping shall be determined based on fixture units, using recognized engineering standards.

(3) Where the ratio of plumbing fixtures to occupants is proportionally more than required by the building occupancy and is more than 1,000 plumbing fixture units, use of a diversity factor to calculate capacity is permitted.

(4) Each water service main, branch main, riser, and branch to a group of fixtures shall provide shutoff valves. Each fixture shall provide a shutoff valve. Provided access for all valve locations.

(5) Systems shall be protected against cross-connection in accordance with American Water Works Association (AWWA) Backflow Prevention and Cross-Connection Control: Recommended Practices. Vacuum breakers or backflow prevention devices shall be provided on hose bibs and supply nozzles used for connection of hoses or tubing in laboratories, housekeeping sinks, bedpan-rinsing attachments, etc.

(6) Potable water shall not be used for vacuum pumps and air compressors.

(7) Potable water storage vessels (hot and cold) not intended for constant use are prohibited, except as required in subsection (f)(8) of this section or as required in Subchapter I of this chapter (relating to Specific Requirements for End Stage Renal Disease Facilities).

(8) Emergency potable water storage shall be provided in the event of a utility failure or disaster. A licensed facility shall meet the Centers for Disease Control and Prevention and American Water Works Association, Emergency Water Supply Planning Guide for Hospitals and Healthcare Facilities. Atlanta: U.S. Department of Health and Human Services; 2012, updated 2019. The storage capacity shall not be less than 500 gallons or 12 gallons per licensed patient bed for the operation of water supply for 100 hours, whichever is greater. Capacity in the hot water storage tanks may be included as part of the required emergency water capacity when valves and piping systems are arranged to make this water easily available. A facility’s functional program shall indicate how the emergency water is provided and accessed, such as hot water tanks and water softener tanks with accessible access valves. When additional inpatient beds are added to the licensed facility’s license count, additional emergency potable water storage shall be provided. A facility’s functional program shall indicate the required gallons for storage and the actual gallons for storage for a facility applying for initial licensure or when any inpatient bed is added. The following may substitute for this requirement.

(A) The licensed facility shall maintain and ensure the required amount of bottled water supply is kept at the licensed facility and ensure the continued availability and delivery of bottled water until the emergency has concluded. The licensed facility shall maintain an inventory record that reflects the rotation and replacement of expired bottled water and have adequate storage space at the licensed facility that is readily accessible by staff in the event of an emergency.

(B) Where a well is used for emergency water, the water shall be tested weekly and a log of the testing shall be available and kept for three years.

(C) In a multi-tenant building, sharing the hospital's emergency potable water storage shall be permitted for only in a CSU or a hospice where adequate capacity is available. Where beds are added to the CSU or the hospice, the minimum emergency potable water storage requirements for the licensed hospital and CSU shall not be reduced. The licensed host hospital is responsible for maintenance, testing, and upkeep of the emergency potable water storage.

(9) A hemodialysis water distribution system shall comply with the requirements in subsection (k) of this section.

(g) Heated potable water distribution systems shall meet the following requirements.

(1) Heated potable water distribution systems serving patient care areas shall be under constant recirculation to provide continuous hot water at each hot water outlet. Non-recirculated fixture branch piping shall not exceed 25 feet in length.

(2) Installation of dead-end piping (e.g., risers with no flow and branches with no fixture) shall be prohibited. Where renovation work is undertaken, dead-end piping shall be removed from the affected areas. Installation of empty risers, mains, and branches for future use is permitted.

(3) Water temperature shall comply with the following requirements.

(A) Water temperature shall be measured at the point of use or inlet to the equipment.

(B) The water-heating system shall supply water at the temperatures and amounts indicated in §520.1210 of this chapter (relating to Hot Water Use). Storage and circulation of water at higher temperatures is permitted. Maximum temperature for anti-scalding, as dictated by local code ordinances, shall be met to prevent Legionella growth.

(i) A facility’s functional program shall explain how the licensed facility has addressed limiting the amount of Legionella bacteria and other opportunistic waterborne pathogens.

(ii) For hand-washing stations, showers, and other end-use devices requiring heated water, water temperature shall meet the requirements of the 2018 edition of the International Plumbing Code.

(4) In a multi-tenant building, sharing the heated potable (domestic hot water) water distribution systems are prohibited, except at the following locations.

(A) In a multi-tenant building, where a licensed host hospital and a hospice reside, the domestic hot water system may be shared provided:

(i) The hospice is located at the end of a licensed host hospital’s patient wing;

(ii) The hospice has 10 or fewer patient beds;

(iii) The licensed host hospital is responsible for the maintenance, testing, and upkeep of the panelboards;

(iv) The licensed host hospital provides written consent to this arrangement; and

(v) The requirements of §520.181 of this division are met.

(B) In a multi-tenant building where a licensed host hospital and a CSU reside, the domestic hot water system may be shared where the CSU is located at the end of a host hospital and the host hospital is responsible for the maintenance and upkeep of the domestic hot water system.

(h) Any non-potable water system piping shall be clearly marked “non-potable.” Non-potable water supply systems are defined as rainwater supply, recaptured condensate water, gray water, and municipal reclaimed water systems. Non-potable water is permitted for irrigation use.

(i) Drainage systems shall meet the following requirements.

(1) In a multi-tenant building, sharing the drainage system shall be permitted where the requirements of §520.181 of this division are met.

(2) Where a secondary protection is required for piping, it shall be labeled, “code required secondary drain system” every 20 feet in a highly visible print or label. Where a drip pan is used to meet this requirement, it shall be accessible and provide an overflow drain with an outlet located in a normally occupied area or room that is not open to a restricted area.

(A) Where drainage and waste piping is installed above the ceiling of an operating (invasive) room, cesarean delivery room, procedure room, trauma room, nursery room, sterile processing room, invasive imaging room, or dietary unit, the piping shall have special provisions (e.g., double wall containment piping or oversized drip pans) to protect the space below from leakage and condensation.

(B) Where drainage piping is installed above the ceiling or exposed in an electronic mainframe room (telecommunications service entrance room and technology equipment center), main switchgear and electrical rooms, electronic data processing area, or electric closet, the piping shall have special provisions (e.g., double wall containment piping or oversized drip pans) to protect the space below from leakage and condensation.

(3) Floor drains shall be prohibited in a procedure room, invasive imaging room, delivery room, and operating room with the following exceptions.

(A) A dedicated cystoscopy procedure room shall be permitted to provide a floor drain where a small recessed floor sink with a flush drain plate is provided. The floor sink shall be emptied into a non-flushing drain with automatic trap primer.

(B) Dietary unit and cart wash area or room floor drains shall be easily cleaned and have an easily removable cover. Removable stainless-steel mesh shall be provided in addition to grilled drain covers to prevent entry of large particles of waste that might cause stoppages.

(C) Where steam-jacketed kettles and tilt frying pans are used, a floor trough shall be provided for cleaning purposes.

(4) Where a sink is used for disposal of plaster of paris, a plaster trap shall be provided and shall be accessible to cleaning.

(5) Kitchen grease traps shall be located and arranged to allow easy access without the need to enter food preparation or storage areas. Grease traps shall be accessible from outside the building without need to interrupt any services.

(6) Condensate drains for cooling coils shall be of a type that shall allow cleaning as needed without disassembly. An air gap shall be provided where condensate drains empty into building drains. Heater elements shall be provided for condensate lines in freezers or other areas where freezing may be a problem.

(j) Plumbing fixtures shall meet the following requirements.

(1) Materials used for plumbing fixtures shall be non-absorptive.

(2) Hand-washing sink splashing shall be prevented by partitions or separation of surfaces where patient procedures are performed, medications are prepared, or sterile supplies are located; and where a hand-washing station includes casework, it shall be designed to prevent storage beneath the sink.

(3) Countertops with sink basins shall meet the following requirements.

(A) Non-integral backsplashes shall be caulked to reduce the presence of mold and bacteria in the substrate materials.

(B) Hand-washing station countertops shall be made of porcelain, stainless steel, solid-surface materials, or impervious plastic laminate assembly. For countertops that require a substrate, marine-grade plywood (or an equivalent material) with an impervious seal shall be provided.

(C) Countertops and caulk shall be maintained and free from chips.

(4) Sink basins shall meet the following requirements.

(A) Sink basins shall be made of porcelain, stainless steel, or solid-surface materials.

(B) Sink basins shall have a nominal size of no less than 144 square inches and a minimum 9 inches in width or length, unless allowed in other sections of this chapter. Sink basins at hand-washing stations shall be provided to reduce the risk of splashing to areas where direct patient care is provided, sterile procedures are performed, and medications are prepared.

(C) Sink basins shall be installed so they fit tightly against the wall or countertop and sealed to prevent water leaks. Where sinks are provided at patient care areas and are located at the countertop, the sink basin shall be fully recessed into the countertop for ease of cleanable surfaces with routine housekeeping equipment. Self-rimming sinks shall be permitted. Vessel sink bowls, even where partially installed in the countertop, shall be prohibited.

(D) For hand-washing sinks, allowable anchoring stresses shall not be exceeded at any point on the sink where a vertical or horizontal force of 250 pounds is applied. Anchoring shall meet the requirements of ICC/ANSI A117.1: Accessible and Usable Buildings and Facilities.

(5) Fittings shall meet the following requirements.

(A) Hand-washing sinks shall provide fittings that can be operated without using hands. Single-lever or wrist blade devices shall be permitted where they are at least four inches in length and where the location and arrangement of fittings provides the clearance required for operation.

(B) Hand-washing sinks shall have sensor-regulated water fixtures that shall meet user need for temperature and length of time the water flows. Manual temperature control shall be permitted.

(C) Hand-washing sinks shall have electronic faucets that shall be capable of functioning during loss of normal power as described in §520.183(j)(1) of this division (relating to Electrical Systems).

(D) The water discharge point of hand-washing sink faucets shall be at least 10 inches above the bottom of the sink basin. The water pressure at the fixture shall be regulated.

(6) Faucet spouts at laboratory sinks shall have clearances adequate to avoid contaminating utensils and the contents of beakers, test tubes, etc. Faucets shall not discharge directly above the drain. Sink size and depth shall meet ANSI standards for sink design. Water pressure shall be adjusted to reduce forceful discharge into the sink at maximum flow.

(7) Faucet spouts used in sinks in nutrition areas shall have clearances adequate to avoid contaminating utensils and the contents of carafes, etc.

(8) Surgical hand scrub sinks shall be trimmed with foot, knee, or electronic sensor controls. Single-lever wrist blades shall be prohibited except for the temperature pre-set valve. Electronic faucets shall be capable of functioning during loss of normal power as described in §520.183(j)(1) of this division.

(8) Clinical sinks shall be trimmed with single-lever handle that is at least six inches or an electronic faucet capable of functioning during loss of normal power as described in §520.183(j)(1) of this division. Clinical sinks shall have an integral trap wherein the upper portion of the water trap provides a visible seal.

(9) Bedpan-rinsing devices shall meet the following requirements.

(A) A bedpan-rinsing device shall be permitted to use only cold water.

(B) A bedpan-rinsing device shall be in a room separate from a patient care area, as described in §520.72 of this chapter (relating to Soiled Workroom or Soiled Holding Room). Where renovation work is undertaken that has a bedpan-rinsing device open to a patient treatment area, it is at the discretion of ARU if the bedpan-rinsing device can remain as originally constructed.

(C) A bedpan-rinsing device shall be provided in each patient bedroom’s toilet room; however, a bedpan-rinsing device shall be prohibited at a toilet room or bathroom that a psychiatric patient may occupy.

(10) A shower or bathtub shall meet the following requirements.

(A) A shower area or bathtub shall have nonslip surfaces.

(B) Where provided, soap dishes shall be recessed.

(C) Where a patient bathtub (excluding sink-height bathing bowl for an infant) is provided, the facility’s functional program shall explain the location, the potential risk to the patient, and the governing body’s prevention plan to address the risks.

(11) Ice-making equipment shall meet the following requirements.

(A) Copper tubing or braided stainless steel encased tubing shall be provided for supply connections to ice-making equipment. PVC or plastic tubing shall be prohibited. Ice-making equipment used to provide ice for human consumption shall be of the self-dispensing type.

(B) Ice-making equipment shall be cleaned, disinfected, and maintained on a regular basis in accordance with the manufacturer’s recommendations. Maintenance logs shall be recorded and readily available in the licensed facility for at least the:

(i) disinfection schedule for internal ice machine parts; and

(ii) disinfection schedule for protecting the external surfaces from bacterial contamination.

(12) Quick-drench emergency deluge shower and face and eyewash devices shall be provided and accessible to medical staff where required by the:

(A) OSHA 29 CFR 1910: Occupational Safety and Health Standards; or

(B) ANSI/ISEA Z358.1: American National Standard for Emergency Eyewash and Shower Equipment.

(13) A dedicated drain shall be provided where portable hydrotherapy units are provided. Hand-washing sinks shall not be used as drains for hydrotherapy units.

(k) A hemodialysis/hemoperfusion water distribution system shall meet the following requirements.

(1) Where hemodialysis or hemoperfusion is routinely performed, integrated hemodialysis machines or a hemodialysis water distribution system shall be provided and meet the requirements of this section. At a home training end stage renal disease facility (HT-ESRD), it is at the discretion of ARU if a connection to a hemodialysis water distribution system shall be permitted.

(2) A hemodialysis/hemoperfusion water distribution system shall comply with the following applicable codes.

(A) At a hospital, further requirements are described in Texas Administrative Code (TAC) Title 25, Chapter 133 (relating to Hospital Licensing).

(B) At an end stage renal disease facility (ESRD), further requirements are described in Chapter 507 of this title (relating to End Stage Renal Disease Facilities).

(C) Hemodialysis equipment or water system components shall meet Federal Drug Administration (FDA) 510(k) approval and the requirements of Class 2 medical devices.

(D) Treated water systems for hemodialysis and related therapies shall meet the current requirements of ANSI/AAMI/ISO 13959: Water for Hemodialysis and Related Therapies and ANSI/AAMI/ISO 26722: Water Treatment Equipment for Hemodialysis and Related Therapies.

(E) All hemodialysis water treatment and purification equipment shall be of materials and construction in accordance with ANSI/AAMI/ISO 26722: Water Treatment Equipment for Hemodialysis and Related Therapies.

(3) A hemodialysis water distribution or integrated hemodialysis machine and their pieces of apparatus shall be maintained in good working condition. Repairs or replacement shall be made when the system or machine is damaged or in a non-working condition. A water loop system that has been abandoned shall be removed and the surrounding surfaces shall be repaired, as necessary. All hemodialysis distribution piping shall be readily accessible for inspection and maintenance.

(4) An ESRD shall provide, as a required document during the final architectural inspection, a signed and dated potable water contract that indicates the location of the ESRD who receives the potable water. The licensed facility shall retain the executed contract at the licensed facility.

(5) In a multi-tenant building, sharing the hemodialysis water distribution system shall be permitted where §520.181 of this division (relating to General) and the following applicable requirements are met.

(A) In a multi-tenant building where a licensed host hospital and a licensed ESRD reside, the hemodialysis water distribution system may be shared when adequate capacity is available.

(i)The host hospital shall be responsible for maintenance, testing, and upkeep of the hemodialysis water distribution system.

(ii)The guest licensed ESRD shall be responsible for maintenance, testing, and upkeep of their hemodialysis water distribution components.

(iii) When the host hospital license is voided, the guest ESRD shall be responsible for maintenance, testing, and upkeep of the hemodialysis water distribution system.

(iv) Where the host hospital space was located is now occupied by another tenant other than a hospital or a change of ownership occurs for one of the licensed facilities, the requirements of this section shall be met at that time.

(v) The ARU shall conduct a final architectural inspection.

(6) Where an integrated hemodialysis machine (with water treatment as part of the machine) is provided, the following requirements shall be met:

(A) a separate treated water distribution system and a connection to a hemodialysis water distribution;

(B) water purification requirements (i.e., chemical and microbial quality of product water) the same as a separate treated water system supplying multiple hemodialysis stations or machines;

(C) integrated hemodialysis machines meeting the manufacturer connection requirements; and

(D) use of domestic cold water without special piping (rather than a separate treated water system) where the hemodialysis equipment provided includes sufficient water treatment provisions.

(7) Where a hemodialysis water distribution system is provided, a facility shall meet the following requirements:

(A) a dedicated, separate treated water distribution system in the licensed facility;

(B) treated water distribution outlets at each individual hemodialysis patient care station, hemodialysis equipment repair area, and dialysate preparation area;

(C) the drainage system independent from the tap water; and

(D) reinforced flooring where an ESRD provides a prefabricated modular unit with approved engineering drawings provided to ARU as part of the application package.

(8) Water treatment purification equipment shall be in a dedicated hemodialysis water treatment equipment room with space to access all components of the equipment. This room shall be secured and provide a floor drain.

(9) The liquid waste and disposal system for the hemodialysis treatment area shall minimize odor and prevent backflow. All systems shall be provided to prevent backflow to enter the building’s domestic water service. Backflow prevention shall be installed at the point of potable water connection to the water treatment equipment and hemodialysis machines.

(10) A sufficient quantity of potable water supply shall be in the licensed facility for the operation of the water treatment system for at least 24 hours. At an ESRD, a potable water valve shall be provided outside to allow a hook-up for potable water from an outside vendor. The potable water shall supply the entire ESRD. The potable water connection shall be located to maintain security to the ESRD and shall comply with applicable plumbing codes.

§520.185. Medical Gas and Vacuum Systems.

(a) Medical gas and vacuum systems shall comply with the following general requirements.

(1) Space shall be provided to support use, access, and servicing of medical gas and vacuum systems.

(2) A licensed general hospital, special hospital, and freestanding emergency medical care facility (FEMC) shall provide a Category 1 piped medical gas and Category 1 piped clinical vacuum system. In a private psychiatric hospital, crisis stabilization unit (CSU), ambulatory surgical center (ASC), or end stage renal disease facility (ESRD), the piped medical gas and piped clinical vacuum shall not be required, but where installed shall be a Category 1 piped medical gas system. A portable vacuum is prohibited.

(3) Installers of medical gas and vacuum piped distribution systems, all appurtenant piping supporting pump and compressor source systems, and appurtenant piping supporting source gas manifold systems, not including permanently installed bulk source systems, shall be certified in accordance with ASSE 6010, Professional Qualification Standard for Medical Gas Systems Installers.

(4) Testing shall be conducted by a technically competent person with experience in the field of medical gas and vacuum pipeline testing and shall meet the requirements of ASSE 6030, Professional Qualifications Standard for Medical Gas Systems Verifiers.

(b) Medical gas and vacuum systems, including storage of medical gas cylinders, shall meet NFPA 99: Health Care Facilities Code and the requirements of this section. Station outlets shall be provided as indicated in §520.1209 of this chapter (Station Outlets for Oxygen, Vacuum, Medical Air, and Instrument Air Systems).

(c) Medical gas and vacuum systems and their pieces of apparatus, such as alarms, outlets, zone valves, etc., shall be maintained in good working condition. Repairs or replacement shall be made when a medical gas and vacuum system or its pieces of apparatus are damaged or in a non-working condition. The medical gas and vacuum system at those locations shall be removed when decommissioning patient care, treatment, or diagnostic beds, stations, or rooms, such as delicensing an intermediate care licensed bed, removing a pre-op station, or closing an operating room.

(d) A facility shall provide to the Texas Health and Human Services Commission (HHSC) Architectural Review Unit (ARU) the following required documents relating to the facility's medical gas systems, vacuum systems, or both as applicable.

(1) During a final architectural inspection where medical gas systems, vacuum systems, or both were installed or modified; a signed, sealed, and dated letter from the registered ASSE 6030 medical gas systems verifier who certified the system, shall be provided, which indicates that no exceptions were noted upon inspection of the installed or modified piped-in medical gas and vacuum system and the system meets NFPA 99: Health Care Facilities Code. The verifier’s ASSE 6030 license number and license’s expiration date shall also be provided.

(2) During a final architectural inspection where medical gas systems, vacuum systems, or both were installed or modified, the installer’s ASSE 6010 license number and license’s expiration date shall be provided.

(3) During a final architectural inspection where a previously licensed facility applies for initial licensure, a signed, sealed, and dated letter from a registered ASSE 6030 medical gas systems verifier shall be provided, noting that the system meets paragraph (1) of this subsection.

(e) In a multi-tenant building, sharing the medical bulk tank storage, medical air compressor and vacuum pump system shall be permitted with any tenant where the system meets the requirements of this section and §520.181 of this division (relating to General). In a multi-tenant building, sharing the medical gas supply sources shall be permitted where this section is met, §520.181 of this division is met, and the dedicated components listed in this section are installed in each licensed facility. Where sharing is permitted but the existing medical gas system, vacuum system, or both is nonconforming to this chapter, a separate medical gas manifold shall be provided.

(1) In a multi-tenant building where a licensed host hospital and a licensed guest hospital or a CSU reside, the piping and the supply source of the medical gas system, vacuum system, or both may be shared when adequate capacity is available. The host hospital shall be responsible for maintenance, testing, and upkeep of the medical gas and vacuum systems. The guest hospital or CSU shall be responsible for maintenance, testing, and upkeep of their medical gas and vacuum components described in subsection (f) of this section. When the host hospital license is voided, the guest hospital shall be responsible for maintenance, testing, and upkeep of the medical gas and vacuum systems. Where the former host hospital is now occupied by another tenant other than another hospital, the requirements in this subsection shall apply and a final architectural inspection shall occur. The following exceptions shall apply for a hospice where the following requirements are met. The CSU shall either remove the medical gas and vacuum systems or meet the requirements of this section.

(2) In a multi-tenant building where a licensed host hospital and a hospice reside, the medical gas system, vacuum system, or both may be shared with the hospice provided the:

(A) hospice is located at the end of a licensed host hospital’s patient wing;

(B) hospice has 10 or fewer patient beds;

(C) host hospital is responsible for maintenance, testing, and upkeep of the medical gas system, vacuum system, or both; and

(D) licensed host hospital consents to this arrangement.

(3) In a multi-tenant building where a licensed host hospital and ASC, ESRD, or FEMC reside that share the same governing body, the medical gas and clinical vacuum system may be shared when adequate capacity is available. The host hospital shall be responsible for maintenance, testing, and upkeep of the medical gas and clinical vacuum system. The guest licensed ASC, ESRD, or FEMC shall be responsible for maintenance, testing, and upkeep of their medical gas and clinical vacuum components listed in subsection (f) of this section. When the host hospital license is voided, the guest licensed ASC, ESRD, or FEMC shall be responsible for maintenance, testing, and upkeep of the medical gas and clinical vacuum system. Where the host hospital space was located is now occupied by another tenant other than a hospital or a change of ownership occurs for one of the licensed facilities, the requirements of this section shall apply and HHSC shall conduct an architectural inspection to ensure compliance.

(4) In a multi-tenant building where a licensed host hospital and a licensed ASC, ESRD, or FEMC reside who do not share the same governing body, the vacuum systems may be shared; however, the medical gas system shall meet the following requirements.

(A) A dedicated separate medical gas manifold shall be provided for each tenant sharing the piping and the supply source of the medical gas system, vacuum system, or both.

(B) Dedicated separate medical gas main supply shutoff valves (isolation valves) shall be provided to allow for separation or isolation between tenants. An isolation valve shall be located on each horizontal level.

(5) In a multi-tenant building where a licensed hospital and non-licensed healthcare tenants or licensed non-acute healthcare tenants reside, the vacuum systems may be shared; however, the medical gas system shall meet the following requirements.

(A) A dedicated separate medical gas manifold shall be provided for each tenant sharing the piping and the supply source of the medical gas system, vacuum system, or both.

(B) Dedicated separate medical gas main supply shutoff valves (isolation valves) shall be provided to allow for separation or isolation between tenants. An isolation valve shall be located on each horizontal level.

(6) In a multi-tenant building where multiple ASCs, ESRDs, or FEMCs reside that share the same governing body, the piping and the supply source of the medical gas system, vacuum system, or both may be shared when adequate capacity is available and where dedicated separate medical gas main supply shutoff valves (isolation valves) are provided on each horizontal level. Where the host licensed facility has a voided licensed or there is a change of governing body, the ASC, ESRD, or FEMC's medical gas shall be separated. An application package shall be submitted and a final architectural inspection shall be conducted. The host licensed outpatient healthcare facility shall be responsible for maintenance, testing, and upkeep of the medical gas and vacuum systems. The guest licensed outpatient healthcare facility shall be responsible for maintenance, testing, and upkeep of their medical gas and vacuum components listed in subsection (f) of this section.

(7) In a multi-tenant building where multiple ASCs, ESRDs, or FEMCs reside that do not share the same governing body, or other non-licensed outpatient healthcare tenants reside in the same building, the vacuum systems may be shared; however, the medical gas system shall meet the following requirements.

(A) A dedicated separate medical gas manifold shall be provided for each tenant sharing the piping and the supply source of the medical gas system, vacuum system, or both.

(B) Dedicated separate medical gas main supply shutoff valves (isolation valves) shall be provided to allow for separation or isolation between tenants, except for a hospice that is located at the end of a patient wing, and the hospital is responsible for maintenance and upkeep of the medical gas. An isolation valve shall be located on each horizontal level.

(f) Each licensed facility shall provide the following components, regardless if the system may be shared, and they shall be dedicated to and in the confines of each licensed facility, unless allowed in other sections of this chapter.

(1) Each licensed facility shall provide a dedicated separate medical gas alarm that indicates when the medical gas is low. The medical gas alarm shall be provided at a constantly attended monitoring station and shall be visible from direct line of sight at that station in the licensed facility by competent staff members who take the appropriate action when the alarm is activated. The room number or station indicated at the medical gas alarms shall match the signage for each room number or station, as described in §520.171 of this subchapter (relating to Signage).

(2) In a multi-tenant building where the medical gas and vacuum systems are shared, according to subsection (e) of this section, the licensed host hospital shall provide an alarm panel that monitors the medical gas system supply source being shared.

(3) Each licensed facility shall provide a dedicated separate medical gas zone valve. The room number or station indicated at the medical gas zone valve shall match the signage for each room number or station, as described in §520.171 of this subchapter.

§520.186. Nurse Call Systems.

(a) A nurse call system shall meet the following requirements.

(1) In a general hospital or special hospital, a nurse call system shall be provided and shall meet the requirements in this section and §520.1208 of this chapter (relating to Locations for Nurse Call Devices for Patient Care Areas). In a private psychiatric hospital or in a crisis stabilization unit (CSU), at minimum, a nurse call system shall be provided in an exam room, and a seclusion anteroom, an emergency treatment room, and where provided, electroconvulsive therapy (ECT) room and its post-procedure stations., Where complete coverage for nurse call is provided at any patient care unit in a private psychiatric hospital or CSU, the nurse call shall meet the requirements in this section. A minimum of two different nurse call devices (emergency call and staff assistance) shall be provided as part of the nurse call system. The emergency call (code blue) device is intended to be activated by staff to summon additional nursing staff’s assistance in an emergency. The staff assistance device is intended to be activated by patients to summon nursing staff in an emergency. Staff other than nurses may respond to these devices, but the term "nurse call" is used here as an industry-accepted term.

(2) Space shall be provided to support use, access, and servicing of the nurse call system.

(3) Activation devices and their components shall be provided at the locations indicated in §520.1208 of this chapter.

(4) The nurse call system and its activation components, such as dome lights, push button, pull strings, duty stations, etc., shall be permanently mounted; however, the nurse call communication may be either hard-wired or wireless. A speaker phone or wireless device shall not substitute for the permanently mounted activation device or nurse call system annunciator. Supplemental features may include call initiation to wireless devices carried by medical staff, as described in subsection (f)(7) of this section.

(5) The visible and audible signals shall be cancelable only at the activated nurse call device; except for the bedside staff assistance device which may be permitted to be cancelled at the call system annunciator.

(b) The nurse call system shall be Underwriters Laboratories (UL) listed (listed for that purpose) and shall meet UL 1069: Standard for Hospital Signaling and Nurse Call Equipment and be an audiovisual type. The nurse call system shall be powered from an onsite permanent generator or where no permanent generator is required and thus not provided, the nurse call system shall be powered by a 90-minute battery back-up system.

(c) A nurse call system and its devices, such as call system annunciator, dome lights, push button, pull strings, duty stations, etc., shall be maintained in a good working condition. Repairs or replacement shall be made when a nurse call system or its devices is in a non-working condition or damaged. Exposed nurse call devices that have been abandoned shall be removed and the surrounding surfaces shall be repaired, as necessary. When decommissioning patient care, treatment, or diagnostic beds, stations, or rooms, such as delicensing an intermediate care licensed bed, removal of a pre-operative station, or closing an operating room, the nurse call system and its components at these locations shall be removed.

(d) During a final architectural inspection where the nurse call system was installed as required in this chapter, upgraded, or modified, a licensed facility is required to provide a signed and dated letter from the nurse call installer that indicates no exceptions were noted upon testing the nurse call system and the system demonstrated the equipment installation and operation is appropriate, functional, and compliant with this chapter.

(e) In a multi-tenant building, a licensed facility shall not share its nurse call system with any other tenant, including other licensed facilities.

(f) A nurse call system shall meet the following requirements.

(1) Activation of the emergency call or staff assistance call shall sound an individually identifiable and distinct audible signal for that specific type of call and provide a clear two-way voice communication at the call system annunciator and where required by §520.1208 of this chapter. The two-way voice communication is not required for a private psychiatric hospital or a CSU. The two-way voice communication is not required in multiple-occupant rooms where patients are under constant visual surveillance from a nurse station, such as an ambulatory surgical center (ASC), end stage renal disease facility (ESRD), or pre-op stations. The distinct audible signal shall repeat every five seconds or less at the nearest associated nurse station’s call system annunciator. At the nurse station’s call system annunciator, activation of a nurse calling system shall indicate the emergency call, staff assistance call, or bedside assistant call and indicate the room or station number from which the signal was initiated. Signage at each room number or station in a multiple-occupant room shall be listed on the nurse station’s call system annunciator.

(2) Activation of the emergency call or staff assistance call shall cause an individually identifiable and distinct visual and audible signal for that specific type of call via signal (dome) light. When the nurse call is activated, the signal shall either be activated in the corridor at the door to the room or at the station in a multiple-occupant patient care room, from which the signal was initiated. The distinct visible signal (dome) light shall be indicated by a colored lamp or combination of colored lamps at the corridor signal light. Additional visual signals dome light shall be provided at corridor intersections where individual patient door signals are not directly visible from the nearest associated nurse station. Different flash rates of the same color of dome lamp shall not meet this requirement.

(3) Activation of the emergency call or staff assistance call shall cause a visual and audible signal via the staff (duty) station. Furniture or shelving units shall not block the visibility of the signal in these rooms. Omission of the duty stations shall be permitted at a CSU and home training only ESRD; however, where provided they shall meet the requirements in this section.

(4) Nurse call devices shall comply with the following requirements.

(A) The emergency call (code blue) device shall be equipped with a continuous audible or visual confirmation to the person who initiated the code call. Location of the emergency call (code blue) device shall be provided in accordance with §520.1208 of this chapter. In a multiple-occupant patient care room, an emergency call device may be shared between two beds or stations where the device is within five feet of the head of each bed or station. The code blue device shall be equipped with an emergency communication system that incorporates push activation of an emergency call switch. Coverings of the code blue shall be prohibited, except at combination emergency treatment room or secure holding room.

(i) In an ESRD, one activation of the nurse call may accommodate both emergency call and staff assistance functionality, without distinct audible and visible signals.

(ii) In an ASC or freestanding emergency medical care facility (FEMC), one device may accommodate both staff assistance and emergency call station functionality where the requirements of this section are met.

(B) A staff assist device shall either be a pull string staff assistance device or bedside staff assistance device, depending on the following locations and their specific requirements, and shall be provided in accordance with §520.1208 of this chapter. Modified requirements of the pull string are described in paragraph (5) of this subsection.

(i) The staff assistance device shall be equipped with a visible signal once it has been activated. An indicator light or call assurance lamp shall remain lit while the voice circuit is operational. In a multiple-occupant patient care room, call assurance lamps shall be provided at each patient care station. A reset switch for cancelling a call shall be provided at the staff assistance device.

(ii) A pull string staff assistance device shall be accessible to a collapsed patient lying on the floor and shall be prohibited behind any fixtures or furniture. The pull string shall extend between three inches to six inches above the finished floor and shall not touch the floor.

(iii) Where both a water closet and a bathing fixture are in the same room, both locations shall have access to a pull string. Where the pull string is accessible from a lying position on the floor to both the bathing fixture and toilet fixture, one pull string may serve the bathroom.

(iv) At an ESRD or at a hospital that provides an in-patient dialysis waiting room, the staff assistance device shall be a pull string in the waiting room. The pull string shall extend between three inches to six inches above the finished floor and shall not be located behind any furniture.

(v) A bedside staff assistance device shall be located at the head of each bed or station in accordance with §520.1208 of this chapter.

(5) Where a psychiatric patient care or treatment unit of a hospital, CSU, or an emergency unit’s or FEMC’s secure holding room provides a nurse call system, the nurse call system shall meet this section and following requirements.

(A) Provisions shall be made for covering call buttons.

(B) All hardware shall have tamper-resistant fasteners.

(C) Calls shall activate a visible signal location in the corridor at the patient’s door and at an annunciator panel at the nurse station or other appropriate location; and in multi-corridor patient care units, additional visible signals shall be provided at corridor intersections.

(D) Call cords or pull strings more than six inches shall be prohibited.

(E) Call system’s staff response call systems shall be low voltage with limited current.

(F) Call system’s controls to limit unauthorized use shall be permitted, including where a secure holding room is combined with a treatment or exam room. Omission of this requirement shall be permitted at geriatric, Alzheimer’s, and other dementia units.

(6) When upgrading a nurse call system where a permanent onsite generator is required or provided, the nurse call shall be connected to the emergency electrical system in accordance with NFPA 99: Health Care Facilities Code.

(7) Where provided, a wireless phone, paging system, alphanumeric pager, and other wireless devices that are used for enhanced clinical staff communications, and that can be integrated with the nurse call system or with a shared interoperable clinical information technology (IT) network, shall have listed electrical safety and Federal Communications Commission certifications that are appropriate for the intended use. Wireless phones, paging systems, alphanumeric pagers, and other wireless devices shall not substitute for the nurse call components listed in this subsection.

§520.187. Telecommunications and Information Systems.

(a) Space shall be provided to support use, access, and servicing of data, communications, distribution or control rooms, and servers.

(b) A telecommunications service entrance room (TSER) houses the point at which outside carrier data and voice circuits and services enter the licensed facility and outdoor cabling interfaces with the building internal cabling infrastructure. Polyvinyl chloride (PVC) shall be permitted in the confines of the licensed facility where the installation meets the flame spread rating 25/50.

(1) Each licensed hospital shall provide at least one TSER that is dedicated to the telecommunications function and related support areas and shall meet the requirements in this section.

(2) A TSER shall be in a dry area that is not subject to flooding. It shall be as close as practicable to the building entrance point, and next to the electrical service room to reduce the length of bonding conductor to the electrical grounding system. Access to the TSER shall be restricted. The TSER and the technology equipment center may be combined where the location next to the electrical service room is balanced with minimizing electromagnetic interference.

(3) A heating, ventilation, and air conditioning (HVAC) system shall be provided to meet the environmental requirements of the equipment in the TSER, as described in §520.183(j)(3) of this division (relating to Electrical Systems).

(c) A central equipment space shall be provided in accordance with manufacturer requirements for:

(1) temperature range;

(2) air filtration;

(3) humidity control; and

(4) voltage regulation.

(d) A technology equipment center (TEC) shall house the main networking equipment and the applicable servers and data storage devices that serve the building. Sometimes referred to as a main distribution frame (MDF), the TEC shall be a sufficiently sized, environmentally controlled, power-conditioned, fire-protected, secure space with limited access that is located strategically to avoid any floodplain or other known hazard. It is also referred to as the main distribution frame (MDF).

(1) Each hospital shall provide at least one TEC space that is not used for any purposes other than data storage, processing, and networking and that meets the requirements of this section.

(2) The TEC shall be a size adequate to provide proper space to meet service requirements for the equipment that will be housed there.

(3) The TEC or MDF shall comply with the following location and access requirements.

(A) In the absence of local requirements, the TEC or MDF shall be located above any floodways or flood hazard areas as described by the National Flood Insurance Program (NFIP).

(B) The TEC or MDF shall not be located adjacent to exterior curtain walls to prevent wind and water damage.

(C) The TEC or MDF shall be located a minimum of 12 feet from any transformer.

(D) Access to the TEC or MDF shall be restricted.

(E) The TEC or MDF and the TSER may be combined.

(F) The TEC or MDF shall be located a safe distance from any transformers, motors, x-ray equipment, induction heaters, arc welders, radio and radar systems, or other sources of electromagnetic interference.

(4) The TEC or MDF shall comply with the following building system requirements.

(A) Mechanical and electrical equipment or fixtures that are not directly related to the support of the TEC or MDF shall not be installed in or pass through the TEC.

(B) All computer and networking equipment in the TEC or MDF shall be served by uninterruptable power supply (UPS) power.

(C) All circuits serving the TEC or MDF and the equipment in it shall be dedicated to serving the TEC.

(D) Cooling and heating shall be provided. Cooling systems serving the TEC/MDF shall be supplied by the essential electrical system, as described in §520.183(j)(3) of this division.

(E) Temperature control systems in the TEC or MDF shall be designed to maintain environmental conditions recommended in the American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) Thermal Guidelines for Data Processing Environments or the requirements for the specific equipment installed.

(e) A technology distribution room (TDR) provides a secure, flexible, and easily managed location for the structured cabling systems, network electronics, clinical systems, nurse call systems, and other technology and communications equipment throughout the building. A TDR may house a variety of technology systems and system components such as data network and voice communication equipment and cabling, fire alarm system components, building automation system (BAS) components and equipment, security components and associated equipment or closed-circuit television (CCTV), and nurse call system components and equipment.

(1) At least one TDR on each floor shall be provided in the licensed facility.

(2) A TDR shall be provided throughout the licensed facility as necessary to meet the 292 foot maximum cable distance required for Ethernet cables from the termination point in the TDR to each wall outlet.

(3) A TDR shall provide a minimum three foot clearance on all sides of the equipment rack.

(4) A TDR shall comply with the following location and access requirements.

(A) The TDR shall be in an accessible area on each floor. The TDR shall not be in a semi-restricted corridor or restricted room.

(B) Access to the TDR shall be directly off a corridor and not through another space, such as an electrical room or mechanical room.

(C) Access to a TDR shall be controlled.

(D) Cooling and heating shall be provided. Cooling systems serving the TDR shall be supplied by the essential electrical system, as described in §520.183(j)(3) of this division.

(5) A TDR shall comply with the following building system requirements.

(A) Mechanical and electrical equipment, utilities and fixtures not directly related to the support of the TDR may pass through the TDR room, providing they do not pass over the top of any equipment in the room.

(B) All circuits serving the TDR and the equipment in it shall be dedicated to serving the TDR.

(C) Temperature control systems in the TDR shall be designed to maintain environmental conditions recommended in ASHRAE’s Thermal Guidelines for Data Processing Environments or the requirements for the specific equipment installed.

(D) Cooling and heating shall be provided. Cooling systems serving the TDR shall be supplied by the essential electrical system, as described in §520.183(j)(3) of this division.

(f) Grounding for telecommunication spaces shall comply with the following requirements.

(1) Grounding, bonding, and electrical protection shall meet the requirements of National Fire Protection Association (NFPA) 70 and TIA 607: Generic Telecommunications Bonding and Grounding (Earthing) for Customer Premises.

(2) A Telecommunications grounding bus (TGB) bar shall comply with the following requirements.

(A) The ground bar shall be drilled with holes according to National Electrical Manufacturers Association (NEMA) standard to accommodate bolted compression fittings.

(B) All racks, cabinets, sections of cable tray, and metal components of the technology system that do not carry electrical current shall be grounded to this bus bar.

(C) TGB bars shall be connected by a backbone of insulated, number 6 (minimum) to 3/0 AWG stranded copper cable between all technology rooms.

(3) TGB bars shall be connected back to the telecommunications main grounding bus (TMGB) bar in the telecommunications service entrance room. The main grounding bar shall then be connected back to the building main electrical service ground.

(A) The TMGB shall not be bonded to anything other than the building main electrical service ground.

(B) Bonding conductor cabling shall be colored green or labeled appropriately.

(g) Outside plant infrastructure consists of the conduits, vaults, and other pathways and cabling used to connect buildings on a campus and to provide services from off-campus service providers.

(h) Electronic surveillance systems include patient detection systems, door access or control systems, video or audio monitoring systems, patient location systems, and infant abduction prevention systems.

(1) Electronic surveillance systems are not required, but if provided for the safety of the patients, any devices in patient areas shall be mounted in a tamper-resistant enclosure that is unobtrusive.

(2) Electronic surveillance system monitoring devices shall be located so they are not readily observable by the public or patients.

(3) If installed, electronic surveillance systems shall receive power from the essential electrical system in the event of a disruption of normal electrical power.

§520.188. Fire Alarm System.

(a) A licensed facility shall be provided with a fire alarm system. Space shall be provided to support use, access, and servicing of the fire alarm system.

(b) A licensed facility shall meet NFPA 101: Life Safety Code, NFPA 72: National Fire Alarm and Signaling Code and the requirements of this section.

(c) A fire alarm system and its pieces of apparatus, such as smoke detectors, heat detectors, smoke duct detectors, annunciator panels, etc., shall be maintained in good working condition. Repairs or replacement shall be made when a fire alarm system or its pieces of apparatus are damaged or in a non-working condition. An exposed fire alarm system or its pieces of apparatus that have been abandoned shall be removed from the licensed facility and the surrounding surfaces shall be repaired, as necessary.

(d) A licensed facility shall to provide the following required documents regarding the facility's fire alarm.

(1) During a final architectural inspection where the fire authority deemed the project requires an inspection by their department, a written approval of the project by the fire authority shall be provided. Where a certificate of occupancy (C.O.) is part of the fire authority approval and a separate Fire Marshal Approval letter is not provided, proof of its inclusion with the C.O. shall be provided.

(2) During a final architectural inspection where fire alarm system was installed, modified or upgraded, a signed and dated FML-009 Form from the Office of the State Fire Marshal shall be provided.

(3) During a final architectural inspection where a central station fire alarm system is provided, a signed contract, which supports the fire alarm emergency forces notification, shall be provided.

(e) In a multi-tenant building, sharing the fire alarm system shall be permitted where this section and §520.181 of this division (relating to General) are met, and the dedicated components listed in this section are installed in each licensed facility. The licensed facility shall be responsible for maintenance, testing, and upkeep, even if the fire alarm system is owned by another tenant. Where a building has a fire alarm control center or a main building fire alarm panel, the licensed facility shall always have access to the main building fire alarm system panel.

(f) Each licensed facility shall provide the following dedicated components, regardless of whether the system may be shared, and they shall be dedicated to and in the confines of each licensed facility, unless allowed in other sections of this chapter.

(1) A dedicated fire alarm annunciator panel (FAAP) or a dedicated fire alarm control panel (FACP) shall be provided at a constantly attended monitoring station and shall be visible from direct line of sight at that station in the licensed facility. A competent staff member from the licensed facility shall be in the licensed facility to take the appropriate action when the alarm is activated. The room number or station as indicated at the FAAP or FACP shall match the signage for each room number or station, as described in §520.171 of this subchapter (relating to Signage). The licensed facility or the licensed host hospital shall have competent staff on-site to take the appropriate action if the alarm is activated and shall provide access to the main building fire alarm system panels.

(A) Where the building has a fire alarm control center or a main building alarm panel at the main lobby entrance, the licensed facility shall provide at least one dedicated fire alarm annunciator panel in the confines of the licensed facility.

(B) Where a licensed host hospital is in a multi-tenant building with another licensed outpatient healthcare facility that share the same governing body, a fire alarm annunciator panel shall be provided in the confinements of the licensed healthcare facility so that each may monitor the other.

(2) A manual fire alarm pull station shall be provided within five feet of any marked exit egress door in the licensed facility. Omission of this requirement for psychiatric patient care and treatment areas shall be permitted where the conditions meet NFPA 101 for these types of areas.

(g) Fire alarm emergency forces notification shall either be a central station or a proprietary supervising fire alarm system. A facility’s functional program shall indicate which of the two fire alarm emergency forces are provided. An auxiliary or a remote supervising station fire alarm system shall be prohibited. Where a proprietary supervising fire alarm system is provided, a one hour rated room with restricted access shall be provided.

(h) Locking arrangements, security alarms, and monitoring devices shall meet NFPA 101, Life Safety Code.

§520.189. Fire Sprinkler System.

(a) Space shall be provided to support use, access, and servicing of fire sprinkler systems.

(b) A hospital or a crisis stabilization united (CSU) shall provide a fire sprinkler system with full coverage throughout the licensed facility, including telecommunication rooms, electrical rooms, fire pump room, and fire standpipe room. A fire sprinkler system shall meet the requirements in this section and NFPA 72: National Fire Alarm and Signaling Code and NFPA 13: Standard for the Installation of Sprinkler Systems.

(1) In a multi-tenant building where a licensed host hospital and a licensed guest hospital or a CSU reside, the following requirements shall be met.

(A) A guest hospital shall not be constructed in a host hospital when the host hospital is not fully sprinklered. The host and guest hospitals shall be fully sprinklered.

(B) A licensed hospital shall not be constructed in a multi-tenant building where any other tenant’s spaces or other occupancies are not fully sprinklered.

(2) An ambulatory surgical center (ASC), end stage renal disease (ESRD) facility, home training ESRD, and freestanding emergency medical care (FEMC) facility shall provide with a fire sprinkler system where required by NFPA 101: Life Safety Code and may be allowed as deemed by the licensed facility's governing body, whichever is more stringent. Where a fire sprinkler system is required or provided, it shall meet the requirements in this section and NFPA 72: National Fire Alarm and Signaling Code and NFPA 13: Standard for the Installation of Sprinkler Systems. Where a fire sprinkler system is installed, each room, shall be fully sprinklered, including telecommunication rooms, electrical rooms, fire pump room and fire standpipe room.

(3) Fire alarm emergency forces notification shall either be a central station or a proprietary supervising fire alarm system. A facility’s functional program shall indicate which of the two fire alarm emergency forces are provided. An auxiliary or a remote supervising station fire alarm system shall be prohibited. Where a proprietary supervising fire alarm system is provided, a one hour rated room with restricted access shall be provided. The licensed facility shall have competent staff in the licensed facility to take the appropriate action when the alarm is activated.

(c) Where a sprinkler system is provided, a licensed facility shall meet NFPA 101: Life Safety Code and NFPA 72: National Fire Alarm and Signaling Code and NFPA 13: Standard for the Installation of Sprinkler Systems and the requirements of this section.

(d) A fire sprinkler system and its pieces of apparatus, such as sprinkler heads, escutcheons, etc., shall be maintained in a good working condition. Repairs or replacement shall be made when a fire sprinkler system or its pieces of apparatus are damaged or in a non-working condition. An exposed fire sprinkler system or its pieces of apparatus that have been abandoned shall be removed from the licensed facility and the surrounding surfaces shall be repaired, as necessary.

(e) During a final architectural inspection where fire sprinkler system was installed, modified, or upgraded, the facility shall provide as a required document, a signed, sealed, and dated letter from a sprinkler system contractor, which indicates that no exceptions were noted upon the testing and field inspection in accordance with the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. Where fewer than twenty sprinkler heads were moved in the project, a letter from the architect or contractor shall be provided noting such, and a letter from the sprinkler system contractor is not required.

(f) In a multi-tenant building, sharing of the fire sprinkler system, including the fireman's test valve, standpipe systems, and fire pump, shall be permitted where §520.181 of this division (relating to General) is met. The licensed facility in the building with the highest level of acuity shall be responsible for the maintenance, testing, and upkeep. However, where the highest level of care licensed facility has voided license, the next highest level of acuity shall be responsible for the maintenance, testing, and upkeep.

§520.190. Special Systems.

(a) Space shall be provided to support use, access, and servicing of special systems, such as infant abduction systems, speaker systems, paging systems, etc.

(b) All special systems shall be tested and operated to demonstrate to facility’s owner, administrator, or a designated facility staff member managing the project that the installation and performance of these systems conform to design intent. Test results shall be documented for maintenance files.

(c) A special system and its pieces of apparatus shall be maintained in good working conditions. Repairs or replacement shall be made where a special system or its pieces of apparatus are damaged or in non-working condition. Abandoned systems shall be removed. Upon completion of the special systems equipment installation contract, the facility’s owner or administrator shall be furnished with a complete set of manufacturers’ operating, maintenance, and preventive maintenance instructions, a parts lists, and complete procurement information including equipment numbers and descriptions.

(d) Operations staff shall also be provided with written instructions for proper operation of systems and equipment. Required information shall include all safety or code ratings as needed.

(e) Insulation shall be provided surrounding special system equipment to conserve energy, protect staff, and reduce noise.

§520.191. Elevators.

(a) A licensed facility shall provide space to support use, access, and servicing of elevator systems.

(b) A hospital, crisis stabilization unit (CSU), or an ambulatory surgical center (ASC) with patient accommodations (e.g., patient bedrooms, dining rooms, recreation areas) or services (e.g., diagnostic or therapeutic areas) located on floors other than the grade-level entrance floor shall provide stretcher size elevators that meet this section. A stretcher sized hospital type elevator shall transport a patient on a stretcher without tilting the stretcher while in the elevator. A hospital or a CSU located on floors other than the grade-level entrance floor shall provide stretcher size elevators that meet this section.

(c) Installation and testing of elevators shall comply with the following codes:

(1) ANSI/ASME A17.1: Safety Code for Elevators and Escalators for new construction;

(2) ANSI/ASME A17.3: Safety Code for Existing Elevators and Escalators for existing facilities; or

(3) seismic design and control system requirements for elevators, as described in ASCE/SEI 7: Minimum Design Loads and Associated Criteria for Buildings and Other Structures.

(d) Elevators and their pieces of apparatus, such as lights, communications, smoke detectors, door safety feature, etc., shall be maintained in a good working condition. Repairs or replacement shall be made when an elevator or its pieces of apparatus is in a non-working condition or damaged. Elevators that have been abandoned shall be removed from the licensed facility and the surrounding surfaces shall be repaired, as necessary. Where an elevator is replaced, or a new elevator is installed in a shelled elevator shaft, the project shall be submitted to the Texas Health and Human Services Commission Architectural Review Unit (ARU) and ARU may conduct a final architectural inspection.

(e) During a final architectural inspection where a new or replacement elevator is installed, the facility shall provide as a required document, an elevator certificate issued from the state of Texas.

(f) In a multi-tenant building where a licensed facility is on more than one floor, a dedicated stretcher-sized elevator shall be provided in the confines of the licensed facility, unless allowed in the applicable facility-specific subchapter of this chapter. The dedicated stretcher-sized elevator shall meet the requirements in this section, §520.181 of this division (relating to General) and §520.183(j)(3) of this division (relating to Electrical Systems). In a multi-tenant building where a licensed facility is located above the grade level and it provides a dedicated stretcher sized elevator to grade level that meets this chapter, omission of the following is permitted.

(1) In a multi-tenant building with a licensed host hospital and other licensed guest hospital or a CSU, the host hospital’s elevator may be shared to gain access to the guest hospital or a CSU main entry, where access to the guest hospital or a CSU is direct from a host hospital’s elevator lobby, and the host hospital shall be responsible for maintenance, testing, and upkeep of that elevator. However, where the guest hospital or a CSU is located on more than one floor, the guest hospital or a CSU shall provide its own dedicated elevator to service its multiple floors. The guest hospital or CSU shall be responsible for maintenance, testing, and upkeep of their dedicated elevator. When the host hospital license is voided, the guest hospital or a CSU shall be responsible for maintenance, testing, and upkeep of the elevators to their licensed facility.

(A) Where a host hospital has its entrance on the grade level, the guest hospital or CSU, may use the host hospital’s elevators to access the guest hospital or CSU main entrance door, where that entrance door is directly accessed from a host hospital’s public elevator lobby. The host hospital shall be responsible for maintenance, testing, and upkeep.

(B) When the host hospital license is voided, the licensed healthcare facility shall be responsible for maintenance, testing, and upkeep.

(2) In a multi-tenant building with a licensed host hospital and other licensed outpatient healthcare facility who share the same governing body, refer to Texas Administrative Code (TAC) Title 25, Chapter 135 (relating to Ambulatory Surgical Centers), Chapter 507 of this title (relating to End Stage Renal Disease Facilities), or Chapter 509 of this title (relating to Freestanding Emergency Medical Care Facilities), as applicable.

(3) In a multi-tenant building with a licensed host hospital and other licensed outpatient healthcare facility who do not share the same governing body, refer to 25 TAC Chapter 135, Chapter 507 of this title, or Chapter 509 of this title, as applicable.

(4) In a multi-tenant building where the licensed hospital shares the building’s public elevator lobby with any non-licensed healthcare tenants, the building elevators may be shared where the requirements of this section are met.

(5) Where a host hospital has its entrance on the grade level, other non-licensed healthcare tenants may use the host hospital’s elevators to access the tenant’s main entrance door, where that entrance door is directly accessed from a host hospital’s public elevator lobby. The host hospital shall be responsible for maintenance, testing, and upkeep.

(g) A dedicated stretcher size elevator shall be provided to all patient care floors and shall meet the requirements in this section, §520.181 of this division, and §520.183(j)(3) of this division.

(1) Where the semi-restricted corridor is located on more than one floor, a dedicated trauma-sized elevator, located in the corridor of both floors, shall be provided for a contiguous link of the semi-restricted corridor. The dedicated elevator shall be powered from a Type 1 essential electrical system (EES).

(2) Where the restricted rooms are located on a floor other than the staff changing area per §520.84 of this chapter (relating to Staff Changing Unit), a dedicated passenger-sized elevator shall be provided for a contiguous link of the semi-restricted corridor and shall be powered from a Type 1 EES.

(3) Where the restricted rooms are located on a floor other than the post-procedure patient care (recovery or post-anesthetic care unit) area, a dedicated trauma-sized elevator shall be provided and shall be powered from a Type 1 EES.

(h) A hospital shall provide the following number of elevators, as applicable.

(1) At least two hospital-type elevators shall be provided where one to 59 patient beds are located on any floor other than the main entrance floor.

(2) At least two hospital-type elevators shall be provided where 60 to 200 patient beds are located on any floor other than the main entrance floor, or where the major inpatient services are located on a floor other than those containing patient beds.

(3) At least three hospital-type elevators shall be provided where 201 to 350 patient beds are located on any floor other than the main entrance floor, or where the major inpatient services are located on a floor other than those containing patient beds.

(4) For hospitals with more than 350 beds, the number of elevators shall be determined from a study of the hospital plan and the expected vertical transportation requirements. The facility’s functional program shall provide this elevator count study.

(i) An ASC, ESRD, or FEMC where the outpatient licensed facility is above grade level shall provide at least one hospital-type elevator and shall meet the requirements in this section.

(j) Elevators shall have the following dimensions and clearances.

(1) Elevator cars shall have a minimum inside clear dimensions of five feet eight inches wide by nine feet deep.

(A) Where re-opening a previously licensed hospital with no elevator modification, the existing elevator car size shall provide a minimum of five feet eight inches wide and eight feet six inches deep inside the car.

(B) Where an elevator transports a patient from an invasive procedure room to the recovery unit, or where an elevator transports a patient from a trauma designated licensed facility to an invasive procedure room, the elevator car or cars shall have a minimum inside clear dimensions of eight feet wide by 11 feet deep.

(C) Elevator cars shall have a minimum clear floor dimension of five feet eight inches by seven feet nine inches. Where a closed hospital that is located above grade level is re-opening, the licensed facility may have a minimum elevator car size of five feet wide and seven feet deep, with a minimum three feet wide and seven feet high elevator door.

(2) Elevator car door openings shall have a minimum clear width of 54 inches and a minimum height of 84 inches. Where re-opening a previously licensed hospital with no elevator modification, the existing elevator car door opening may have a minimum clear width of 48 inches. Where an elevator transports a patient from an invasive procedure room to the recovery unit, or where an elevator transports a patient from a trauma designated licensed facility to an invasive procedure room, the elevator car door opening shall have a minimum clear width of 72 inches.

(3) In renovations, an increase in the size of existing elevators shall not be required where the elevators meet the physical plant licensing requirements under which the licensed facility or sections of the licensed facility were constructed, renovated, or remodeled.

(4) Additional elevators installed for visitors and material handling may be smaller than required by paragraphs (1) - (3) of this subsection.

(k) Elevators shall be equipped with a two-way automatic level-maintaining device with an accuracy of ± 1/4 inch.

(l) Elevator controls shall meet the following requirements.

(1) Elevator call buttons and controls shall not be activated by heat or smoke.

(2) Light beams, if used for operating door reopening devices without touch, shall be used in combination with door-edge safety devices and shall be interconnected with a system of smoke detectors.

(3) Each elevator, except those for material handling, shall be equipped with an independent keyed switch for staff use for bypassing all landing button calls and responding to car button calls only.

(m) Elevator controls, alarm buttons, and telephones shall be accessible to wheelchair occupants and usable by people who are blind.

(n) In a psychiatric patient care unit in a general hospital, or in a private psychiatric hospital or any area where a psychiatric patient receives care or treatment, the elevator call buttons and car buttons may be key-controlled where required by the facility's governing body and approved by the local jurisdiction.

(o) Where hospitals employ building envelope protection (e.g., window shutters, mechanized window protection, impact protection screens) due to hostile area weather conditions, those systems shall comply with requirements in §520.190 of this division (relating to Special Systems).

TITLE 26 HEALTH AND HUMAN SERVICES

PART 1 HEALTH AND HUMAN SERVICES COMMISSION

CHAPTER 520 REQUIREMENTS FOR DESIGN, CONSTRUCTION, AND FIRE SAFETY IN HEALTH CARE FACILITIES

SUBCHAPTER D SPECIFIC REQUIREMENTS FOR PRIVATE PSYCHIATRIC HOSPITALS

§520.201. Purpose and Application.

The purpose of this subchapter is to implement Texas Health and Safety Code, Chapter 577 (relating to Private Mental Hospitals and Other Mental Health Facilities), which requires mental hospitals and mental health facilities that provide court-ordered mental health services to be licensed by the Texas Health and Human Services Commission (HHSC). The requirements of this subchapter shall apply to a licensed private psychiatric hospital, as defined in §520.2 of this chapter (relating to Definitions), which includes a project in a licensed private psychiatric hospital or a facility in the process of applying for initial licensure for a private psychiatric hospital. This subchapter provides definitions and establishes fire prevention and safety requirements, and physical plant and construction requirements, for private psychiatric hospitals. Compliance with this subchapter does not constitute release from the requirements of other applicable federal, state, or local laws, codes, rules, regulations and ordinances. This subchapter must be followed where it exceeds other codes and ordinances. Licensing procedures, operational requirements, standards for voluntary agreements, and enforcement procedures for a private psychiatric hospital shall be in accordance with Chapter 510 of this title (relating to Private Psychiatric Hospitals and Crisis Stabilization Units) and Chapter 568 of this title (relating to Standards of Care and Treatment in Psychiatric Hospitals). For an inpatient facility that treats the medical condition of a patient, other than to treat and transfer medical emergencies, refer to Subchapter C of this chapter (relating to Specific Requirements for General and Special Hospitals). For a crisis stabilization unit (CSU), refer to Subchapter E of this chapter (relating to Specific Requirements for Crisis Stabilization Units).

(1) A licensed private psychiatric hospital shall meet the requirements in this subchapter; Subchapter A of this chapter (relating to Introduction), where applicable to a private psychiatric hospital or modified by this subchapter; Subchapter B of this chapter (relating to Common Elements for Licensed Facilities); and Subchapter C of this chapter (relating to Specific Requirements for General and Special Hospitals), as cross-referenced in this chapter.

(2) Mobile or transportable medical units shall be prohibited, even where used on a temporary basis. This subchapter shall not apply to mobile or transportable medical units placed into service because of a civil or local emergency or catastrophe, as permitted by HHSC.

(3) A licensed private psychiatric hospital may be a modular unit where permanently affixed to the licensed private psychiatric hospital site and shall meet all requirements of this subchapter.

(4) Where a private psychiatric hospital is in a multi-tenant building, it shall be in accordance with §520.9 of this chapter (relating to Licensed Facility Location). For rooms that may be shared, as modified in this subchapter, refer to Subchapter C, Division 8 of this chapter (relating to Building Systems). For rooms that may be shared, as modified in this subchapter, refer to §520.10 of this chapter (relating to Shared Spaces).

(5) Location shall be provided in accordance with §520.9 of this chapter and Subchapter A, Division 5 of this chapter (relating to Site).

(6) Site shall be provided in accordance with Subchapter A, Division 5 of this chapter.

(7) Parking shall be provided in accordance with §520.36 of this chapter (relating to Parking and Loading).

(8) Entrances shall meet the following requirements.

(A) A freestanding private psychiatric hospital shall provide its main entrance door reachable from grade level. Other exiting requirements shall comply with NFPA 101: Life Safety Code.

(B) A campus style private psychiatric hospital where multiple buildings are located on a licensed PPH site shall have its main admission building entrance door reachable from grade level. Other exiting requirements shall comply with NFPA 101: Life Safety Code.

(C) In a multi-tenant building, a minimum of one building entrance door shall be reachable from grade level. The private psychiatric hospital entrance may be accessed directly from a building’s main public lobby or the public elevator lobby, however patients shall not travel through other tenant occupancies.

(D) A covered public entrance to the licensed facility shall be provided in accordance with §520.36(e)(4) of this chapter.

§520.202. Patient Care Unit.

(a) A licensed facility shall have at least one psychiatric patient care unit and shall meet the following requirements.

(1) New construction for patient care units shall meet the requirements in this chapter for new construction.

(2) Patient care units shall meet the requirements in this chapter for renovated construction and other types of modifications indicated in §520.12 of this chapter (relating to Additions, Renovations, and Alterations), or where an existing patient care unit or a portion thereof is converted to another type of patient care unit or licensed bed designation.

(3) Unrelated traffic of staff and the public through a patient care unit shall be prohibited, except for emergency egress.

(4) The route to the licensed facility shall preserve the patient’s privacy and dignity.

(5). Where accommodations for care regarding patients of size are provided, they shall meet the requirements in §520.46 of this chapter (relating to Patients of Size).

(6). Each type of patient care bedroom per patient care unit shall have at least 10 percent handicapped accessible bedrooms and their associated toilet or bathroom or grouped in a unit of the same type of licensed bed designation. Single-occupant bedroom, double-occupant bedroom, and isolation bedroom shall be considered different bedroom types. Designated licensed beds are also a different type. These requirements shall apply in all new construction and where an existing patient care unit or a portion thereof is converted from one service to another. Further requirements are described in §520.20 of this chapter (relating to Design Standards for Accessibility).

(7) Chemical dependency or telemedicine services may occur at a licensed psychiatric bed. Further requirements are described in §520.51 of this chapter (relating to Telemedicine Service). Substance abuse or chemical dependency services may occur at a licensed psychiatric bed; however, the patient care unit shall be provided in accordance with §520.114 of this chapter (relating to Psychiatric (Mental Health/Behavioral Health) Patient Care Unit).

(8) Bed clearances shall be provided to support the patient’s safety. The size of a patient room shall allow unimpeded clearance on at least one side and at the front of any patient chair, recliner, wheelchair, or other such device. Additional clearances and space requirements are described in specific bedroom sections in Subchapter C of this chapter.

(9) Fixed encroachments shall meet §520.14(b) of this chapter (relating to Exceptions).

(10) Patient care units shall not be mixed. A child psychiatric patient bedroom unit shall be physically separate and distinct from any adult psychiatric patient bedroom unit. Nurse stations or support areas may be shared where the separation and safety of the units are maintained. A facility’s functional program shall indicate where Alzheimer’s and other dementia units and pediatric and adolescent units are provided.

(11) A patient toilet room shall be provided in accordance with §520.76 of this chapter (relating to Patient Toilet Room).

(12) Where handrails or grab bars are required or provided in a licensed facility, they shall be in accordance with §520.172(e) and (f) of this chapter (relating to Architectural Details) and §520.178 of this chapter (relating to Psychiatric Finishes and Furnishings), and the more stringent requirements shall be required. Tripping hazards shall be prohibited.

(13) Refrigerator shall be prohibited in any patient bedroom.

(14) Television location shall be determined by the governing body. Where a television is provided, it shall be permanently braced to the wall.

(15) Hot water requirements are described in §520.1210 of this chapter (relating to Hot Water Use).

(16) Architectural details are described in Subchapter C, Division 7 of this chapter (relating to Design and Construction Requirements).

(17) Heating, ventilation, and air conditioning requirements are described in ANSI/ASHRAE/ASHE 170: Ventilation of Health Care Facilities.

(b) A psychiatric patient care unit shall be in accordance with §520.114 of this chapter (relating to Psychiatric (Mental Health/Behavioral Health) Patient Care Unit), unless otherwise required by this section.

(1) A single-occupant examination room shall be provided in accordance with §520.45 of this chapter (relating to Examination Room or Emergency Unit Treatment Room), unless otherwise required by this section.

(A) Omission of this requirement shall be permitted where all single-occupant bedrooms are provided in the patient care unit.

(B) The examination room may be outside the psychiatric patient care unit where it is on the same floor as the patient care unit it serves and within 30 feet travel distance from the farthest patient care unit.

(2) Where an on-call room is provided, it shall be in accordance with §520.106(f)(4) of this chapter (relating to Critical Care Unit).

§520.203. Diagnostic and Treatment Units.

(a) A single-occupant treatment room shall be provided in accordance with §520.45 of this chapter (relating to Examination Room or Emergency Unit Treatment Room), unless otherwise required by this section. This room provides services for basic emergency services, as described in §520.2 of this chapter (relating to Definitions).

(1) The treatment room required by this subsection is in addition to and separate from the examination room required for a psychiatric patient care unit by §520.45 of this chapter.

(2) The treatment room shall be located outside a patient care unit. Where a campus style private psychiatric hospital is provided, the treatment room shall be provided in the admission’s building.

(3) A patient toilet room shall be provided in accordance with §520.76 of this chapter (relating to Patient Toilet Room) and shall be provided within 30 foot travel distance from the treatment room.

(b) Where outpatient behavioral health observation services for outpatients are offered, it shall be provided in accordance with §520.124 of this chapter (relating to Behavioral Health Observation Patient Unit).

(c) Where a portable X-ray imaging device is provided, it shall be in accordance with §520.129(b) of this chapter (relating to Imaging Unit). A facility’s functional program shall note the need for imaging equipment.

§520.204. Patient Support Units.

(a) Laboratory services shall be provided in accordance with §520.141 of this chapter (relating to Laboratory Unit), even where contractual laboratory services are provided.

(b) A dietary unit shall be provided in accordance with §520.143 of this chapter (relating to Dietary Unit), unless otherwise required in this section, even where contractual laboratory services are provided. A dining area or room shall not be required where patients dine at group spaces.

(c) A pharmacy unit shall be provided in accordance with §520.142 of this chapter (relating to Pharmacy Unit). Omission of his requirement shall be permitted where a licensed facility has fewer than 17 licensed beds and the patient care unit’s medication safety zone is in accordance with §520.68 of this chapter (relating to Medication Safety Zone).

(d) A laundry unit shall be provided in accordance with §520.145 of this chapter (relating to Laundry Unit), unless otherwise required in this section.

(1) Where linen processing services are performed outside a licensed facility, a contractual agreement shall be permitted where the requirements of this section are provided in the licensed facility.

(2) Where fewer than 17 licensed beds are provided in the licensed facility, the soiled linen holding room and the clean linen storage room requirements may be omitted. However, where provided they shall meet §520.145 of this chapter.

§520.205. General Support Units.

(a) A service entrance shall be provided in accordance with §520.151 of this chapter (relating to Service Entrance).

(b) Cart cleaning shall be provided in accordance with §520.152 of this chapter (relating to Cart Cleaning Unit).

(c) A materials management unit shall be provided in accordance with §520.153 of this chapter (relating to Materials Management Unit).

(d) A waste management unit shall be provided in accordance with §520.154 of this chapter (relating to Waste Management Unit).

(e) An environmental services room shall be provided in accordance with §520.74 of this chapter (relating to Environmental Services Room), and this section. This is a separate and distinct room from the environmental services rooms in a patient care unit required by §520.74 of this chapter.

(f) An engineering and maintenance unit shall be provided in accordance with §520.156 of this chapter (relating to Engineering and Maintenance Services).

§520.206. Public and Administrative Areas.

(a) Public and administrative areas may be unsecure, such as an administration building on a private psychiatric hospital campus type site, or on a floor other than a patient care unit and patient care treatment areas.

(b) Public areas shall be provided in accordance with §520.162 of this chapter (relating to Public Areas) and this section.

(c) Public toilet rooms shall be provided in accordance with §520.178 (relating to Psychiatric Finishes and Furnishings).

(d) Administrative areas shall be provided in accordance with §520.163 of this chapter (relating to Administrative Areas) and this section.

(e) An interview room shall be provided for the interview and intake process. These areas shall have speech and visual privacy. This room may be combined with the treatment room in §520.45 of this chapter (relating to Examination Room or Emergency Unit Treatment Room), where located near the main entrance.

§520.207. Design and Construction Requirements.

(a) Architectural details, surfaces, and furnishings shall be provided in accordance with Subchapter C, Division 7 of this chapter (relating to Design and Construction Requirements), and this section.

(b) Signage shall be provided in accordance with §520.171 of this chapter (relating to Signage) and this section. The required signage at patient care areas shall be permanently mounted and where exposed hardware, such as screws, is provided, it shall be tamper-resistant.

(c) Where any noisy activity area, quiet activity area, group activity area, or dining area is open to the corridor, a minimum clear and unobstructed width of six feet, unless a greater width is required by occupant load calculations per local and state building codes, shall be outside of their square footage.

(d) Doors and door hardware shall be provided in accordance with §520.172(c) of this chapter (relating to Architectural Details) and this section.

(1) Where a patient care unit is in a suite in accordance with chapter 18 of NFPA 101 Life Safety Code, a breakaway door shall be permitted where privacy is met in accordance with §520.101(e) of this chapter (relating to General).

(2) A break away door pulls away from the door frame after 20 pounds of pressure is applied thus eliminating an anchor point.

§520.208. Building Systems.

(a) General requirements for building systems shall be provided in accordance with §520.181 of this chapter (relating to General).

(b) Heating, Ventilation, and Air-Conditioning (HVAC) Systems shall be provided in accordance with §520.182 of this chapter (relating to Heating, Ventilation, and Air-Conditioning Systems).

(c) Electrical systems shall be provided as described in §520.183 of this chapter (relating to Electrical Systems) and this section, as amended in this section.

(1) Electrical receptacle requirements shall be provided in accordance with §520.1207 of this chapter (relating to Electrical Receptacles for Patient Care Areas).

(2) A Type I emergency electrical system shall be provided where electroconvulsive therapy (ECT) procedures or similar procedures are performed and where any time of life-support is provided.

(3) A Type II emergency electrical system shall be provided where no ECT procedures or similar procedures are performed. A Type I emergency electrical system shall be permitted.

(d) Plumbing systems shall be provided in accordance with §520.184 of this chapter (relating to Plumbing Systems).

(e) Storage of medical gas cylinders shall meet NFPA 99: Health Care Facilities Code. Where piped in medical gas and vacuum systems are provided, the system shall be a Category 1 medical gas and vacuum systems in accordance with §520.185 of this chapter (relating to Medical Gas and Vacuum Systems) and §520.1209 (relating to Station Outlets for Oxygen, Vacuum, Medical Air, and Instrument Air Systems).

(f) Nurse call systems shall be provided at an examination room and a seclusion anteroom. Where nurse call is located throughout a patient care unit, it shall be provided in accordance with §520.186 (relating to Nurse Call Systems) of this chapter. A nurse call in examination rooms and seclusion anteroom, shall comply with the following requirements.

(1) Space shall be provided to support use, access, and servicing of nurse call systems.

(2) A permanent emergency call device and call system annunciator shall be provided as part of the nurse call system. The emergency call device is intended to be activated by staff to summon additional staff’s assistance in an emergency. It is recognized that staff other than nurses may respond to these devices, but the term "nurse call" is used here as it is an industry-accepted term.

(3) The nurse call system’s activation component, push button, shall be permanently mounted; however, the communication of the nurse call may be either hard-wired or wireless. A speaker phone or wireless device shall not substitute for the permanently mounted activation device or nurse call system annunciator. Supplemental features shall be permitted to include call initiation to wireless devices carried by medical staff, as described in §520.186(f)(7) of this chapter.

(4) The visible and audible signals shall be cancelable only at the activated nurse call device.

(5) The nurse call system shall be an audiovisual type. The system shall be powered from an onsite permanent generator.

(6) The nurse call system and its devices, such as call system annunciator and push button, shall be maintained in a good working condition. Repairs or replacement shall be made when a nurse call system or its devices is in a non-working condition or damaged. Exposed nurse call devices that have been abandoned shall be removed and the surrounding surfaces shall be repaired, as necessary.

(7) In a multi-tenant building, a licensed facility shall not share its nurse call system with any other tenant, including other licensed facilities.

(8) A nurse call system shall meet the following requirements.

(A) Activation of the emergency call shall sound an audible signal that repeats at least every five seconds at the nearest associated nurse station’s call system annunciator. At the nurse station’s call system annunciator, activation of a nurse calling system shall indicate the emergency call and indicate the room or station number from which the signal was initiated. Signage at each room number shall be listed on the nurse station’s call system annunciator.

(B) Where a signal (dome) light is provided, activation of the emergency call shall cause a visual signal for that specific type of call. When the nurse call is activated, the signal shall be activated in the corridor at the door to the room from which the signal was initiated. The visible signal shall be indicated by a colored lamp.

(C) The emergency call device shall be equipped with an emergency communication system that incorporates push activation of an emergency call switch. Devices shall have the following features.

(i) Provisions shall be made for the covering of call buttons.

(ii) All hardware shall have tamper-resistant fasteners.

(iii) Calls shall activate a visible signal in the corridor at the patient’s door and at an annunciator panel at the nurse station or other appropriate location and in multi-corridor patient care units, additional visible signals shall be provided at corridor intersections.

(iv) Call cords or pull strings more than six inches shall be prohibited.

(v) Call system’s staff response call systems shall be low voltage with limited current.

(vi) Call system’s controls to limit unauthorized use shall be permitted, including where a secure holding room is combined with a treatment or exam room. Omission of this requirement shall be permitted at geriatric, Alzheimer’s, and other dementia units.

(D) Where upgrading a nurse call system, the nurse call shall be connected to the emergency electrical system in accordance with NFPA 99: Health Care Facilities Code.

(E) Where provided, a wireless phone, paging system, an alphanumeric pager, and other wireless devices that are used for enhanced clinical staff communications and that can be integrated with the nurse call system or with a shared interoperable clinical information technology (IT) network, shall have listed electrical safety and Federal Communications Commission certifications that are appropriate for the intended use. A wireless phone, paging system, alphanumeric pager, and other wireless devices shall not substitute for the nurse call components listed in §520.186(f) of this chapter.

(g) Telecommunications and information systems shall be provided in accordance with §520.187 of this chapter (relating to Telecommunications and Information Systems).

(h) A fire alarm system shall be provided in accordance with §520.188 (relating to Fire Alarm System) of this chapter, and this section. In a psychiatric patient care unit or any area where a patient receives psychiatric care or treatment, a fire extinguisher cabinet shall be in staff areas or secured in patient-accessible locations, as described in §520.178 of this chapter (relating to Psychiatric Finishes and Furnishings).

(i) A fire sprinkler system shall be provided in accordance with §520.189 of this chapter (relating to Fire Sprinkler System).

(j) A special system shall be provided in accordance with §520.190 of this chapter (relating to Special Systems).

(k) An elevator system shall be provided in accordance with §520.191 of this chapter (relating to Elevators).

TITLE 26 HEALTH AND HUMAN SERVICES

PART 1 HEALTH AND HUMAN SERVICES COMMISSION

CHAPTER 520 REQUIREMENTS FOR DESIGN, CONSTRUCTION, AND FIRE SAFETY IN HEALTH CARE FACILITIES

SUBCHAPTER E SPECIFIC REQUIREMENTS FOR CRISIS STABILIZATION UNITS

§520.301. Purpose and Application.

The purpose of this subchapter is to implement the Texas Health and Safety Code, Chapter 577 (relating to Private Mental Hospitals and Other Mental Health Facilities), which requires mental hospitals and mental health facilities that provide court-ordered mental health services to be licensed by the Texas Health and Human Services Commission (HHSC). The requirements of this subchapter shall apply to a licensed crisis stabilization unit, as defined in §520.2 of this chapter (relating to Definitions), which includes a project in a licensed crisis stabilization unit (CSU) or a facility in the process of applying for initial licensure for CSU. This chapter provides definitions, and establishes fire prevention and safety requirements, and physical plant and construction requirements for private psychiatric hospitals. Compliance with this subchapter does not constitute release from the requirements of other applicable federal, state, or local laws, codes, rules, regulations, and ordinances. This subchapter must be followed where it exceeds other codes and ordinances. Licensing procedures, operational requirements, standards for voluntary agreements, and enforcement procedures for a private psychiatric hospital shall be in accordance with Chapter 510 of this title (relating to Private Psychiatric Hospitals and Crisis Stabilization Units). This subchapter shall not be intended for inpatients requiring medical services. Specific requirements for private psychiatric hospitals are described in Subchapter D of this chapter (relating to Specific Requirements for Private Psychiatric Hospitals). Where a mental health unit is part of the services offered at a general or special hospital, specific requirements for general and special hospitals are described in Subchapter C of this chapter (relating to Specific Requirements for General and Special Hospitals).

(1) A licensed CSU shall meet the requirements in this subchapter; Subchapter A of this chapter (relating to Introduction) where applicable to a CSU or otherwise required in this subchapter; Subchapter B of this chapter (relating to Common Elements for a Licensed Facility); and Subchapter C of this chapter (relating to as referenced in this subchapter.

(2) Mobile or transportable medical units shall be prohibited, even where used on a temporary basis. This subchapter shall not apply to mobile or transportable medical units placed into service because of a civil or local emergency or catastrophe, as permitted by HHSC.

(3) A licensed CSU may be a modular unit, where permanently affixed to the licensed CSU site, and shall meet all requirements of this subchapter.

(4) Where a CSU is in a multi-tenant building, it shall be in accordance with §520.9 of this chapter (relating to Licensed Facility Location). Rooms that may be shared, unless otherwise required in this subchapter, are described in Subchapter C, Division 8 of this chapter (relating to Building Systems) and §520.10 of this chapter (relating to Shared Spaces).

(5) Location shall be provided in accordance with §520.9 of this chapter and Subchapter A, Division 5 of this chapter (relating to Site).

(6) Site shall be provided in accordance with Subchapter A, Division 5 of this chapter.

(7) Parking shall be provided in accordance with §520.36 of this chapter (relating to Parking and Loading).

(8) Entrances shall meet the following requirements.

(A) A freestanding private psychiatric hospital shall provide the main entrance door reachable from grade level. Other exiting requirements shall comply with NFPA 101: Life Safety Code.

(B) Where campus style multiple buildings are located on the licensed private psychiatric hospital site, the admission building shall have the main entrance door reachable from grade level. Other exiting requirements shall comply with NFPA 101: Life Safety Code.

(C) In a multi-tenant building, a minimum of one building entrance door shall be reachable from grade level. The licensed CSU entrance may be accessed directly from a building’s main public lobby or the public elevator lobby; however, patients shall not travel through other tenant occupancies.

(D) A covered public entrance to the licensed facility shall be provided in accordance §520.36(e)(4) of this chapter.

(E) Where provided, a sally port shall meet §520.114(f)(16) of this chapter (relating to Psychiatric (Mental Health/Behavioral Health) Patient Care Unit).

§520.302. Patient Care Unit.

(a) A patient care unit in a crisis stabilization unit (CSU) shall comply with the following requirements.

(1) A patient care unit shall comply with the requirements in §520.202(a) of this chapter (relating to Patient Care Unit).

(2) Electroconvulsive therapy (ECT), transcranial magnetic stimulation (TMS), multisystemic therapy (MST), and other similar procedures shall not be performed in a CSU since the building systems do not support these types of procedures.

(b) A patient care unit shall be provided in accordance with §520.114 of this chapter (relating to Psychiatric Patient (Mental Health/Behavioral Health) Care Unit) and comply with the following requirements.

(1) A single-occupant examination room shall be provided in accordance with §520.45 of this chapter (relating to Examination Room or Emergency Unit Treatment Room). Omission of this requirement shall be permitted where all single-occupant bedrooms are provided in the patient care unit.

(2) In a CSU, the examination room may be outside the psychiatric patient care unit where it is on the same floor as the patient care unit it serves and within 30 feet travel distance from the farthest patient care unit.

(3) A therapeutic environment and safety and security measures shall be provided in accordance with §520.114(b) of this chapter.

(4) A patient bedroom shall be provided in accordance with §520.114(c) of this chapter.

(5) A patient toilet room shall be provided in accordance with §520.76 of this chapter (relating to Patient Toilet Room) and comply with the following requirements.

(A) Where an individual patient toilet room is not directly accessible from a patient bedroom, a central toilet room shall be provided. This toilet room shall be provided at a ratio of one central toilet room for each six psychiatric licensed beds or fewer and for each major fraction thereof. At least one toilet stall or room shall be handicapped accessible or shall meet §520.20 of this chapter (relating to Design Standards for Accessibility), whichever is greater. The room or rooms shall be used exclusively for that patient care unit and shall be located within 50 foot travel distance from any patient bedroom’s entrance.

(B) At a minimum, the central toilet room shall be equipped with a toilet and a hand-washing station in accordance with §520.67 of this chapter (relating to Hand-Washing Station).

(6) A patient bathing room shall be provided in accordance with §520.114(e) of this chapter.

(c) Support areas for patients in psychiatric patient care units shall meet the following requirements.

(1) A seclusion room shall be provided in accordance with §520.49 of this chapter (relating to Seclusion Room).

(2) Noisy and quiet areas shall comply with the following requirements.

(A) At least two separate areas shall be provided: a noisy activity area for loud activities and a quiet activity area for low activities. A licensed facility's functional program shall document the noisy area's and quiet area's square footage and room numbers. A corridor in a patient care unit shall not encroach in the noisy area's and quiet area’s square footage. The areas may be open to the egress corridor or in a room.

(B) A psychiatric patient care unit shall have at least a combined floor area of 25 square feet per licensed bed, or 120 square feet per noisy and quiet area, excluding corridors, whichever is greater.

(3) A dining space shall meet the following requirements.

(A) A psychiatric patient care unit shall have at least 20 square feet per licensed bed for dining. Use of the noisy area or quiet area for dining activities shall be permitted where an additional 15 square feet per patient is added.

(B) A licensed facility's functional program shall indicate if the dining activities are in the noisy area or quiet area and provide the square footage.

(4) A consultation room in accordance with §520.43 of this chapter (relating to Consultation Room) shall be provided.

(5) A patient storage room shall be provided for patients’ effects that are determined to be potentially harmful (e.g., razors, nail files, cigarette lighters). This room shall be under staff-controlled and secured. This room may be shared with the clean workroom, clean supply room, or visitor storage.

(A) Where a pediatric or adolescent patient care unit is provided, a dedicated storage room shall be provided for toys, equipment, and extra cribs and beds.

(B) Where an Alzheimer’s and dementia patient unit are provided, a dedicated storage room shall be provided for extra blankets, pillows, and linen.

(6) Where a patient laundry room is provided, it shall meet the requirements of §520.145 of this chapter (relating to Laundry Unit).

(7) Where a secure holding room is provided, it shall meet the requirements of §520.50 of this chapter (relating to Secure Holding Room).

(8) Where indoor areas for play and therapy are provided, such as a gym, they shall be in accordance with §520.114(f)(14) of this chapter.

(9) Where outdoor areas for play and therapy are provided, they shall be in accordance with §520.114(f)(15) of this chapter.

(d) Support areas for a psychiatric patient care unit shall comply with the following requirements.

(1) The support areas required in this subsection shall be provided in or readily accessible to each patient care unit. Support areas in this subsection shall be secured or in a staff-controlled area. Where a licensed facility has patient care units on more than one floor, each floor shall have the spaces at the patient care units required in this subsection, unless noted otherwise.

(2) A nurse station shall be provided in accordance with §520.62 of this chapter (relating to Nurse Station); and the openness of the nurse station shall be determined by the facility's governing body based on patient privacy and staff safety.

(3) A documentation area shall be provided in accordance with §520.63 of this chapter (relating to Documentation Area).

(4) A medication safety zone shall be provided in accordance with §520.68 of this chapter (relating to Medication Safety Zone).

(5) A nourishment room shall be provided in a secured room and in accordance with §520.69 of this chapter (relating to Nourishment Area or Room). Where the dietary unit is on the same floor as the patient care unit, a nourishment room is not required.

(6) Where ice-making equipment is provided, it shall be in accordance with §520.70 of this chapter (relating to Ice-Making Equipment).

(7) A clean workroom or clean supply room shall be provided in accordance with §520.71 of this chapter (relating to Clean Workroom or Clean Supply Room). A covered cart distribution system shall be prohibited on patient care units or patient care treatment areas since the carts may present a risk to the patient population.

(8) A soiled workroom or soiled holding room shall be provided in accordance with §520.72 of this chapter (relating to Soiled Workroom or Soiled Holding Room).

(9) An equipment storage room shall be provided in accordance with §520.73 of this chapter (relating to Equipment Storage).

(10) Where an Alzheimer’s and dementia patient unit are provided, a storage space for wheelchairs shall be provided in the licensed facility.

(11) A space for locked storage for visitor belongings shall be provided to prevent visitors who are visiting a locked unit from smuggling contraband items or other items that could pose harm to patients in the unit. This storage may be in the nurse station where it meets this section.

(e) Support Areas for Staff shall comply with the following requirements.

(1) A staff lounge shall be provided in accordance with §520.81 of this chapter (relating to Staff Lounge).

(2) A staff toilet room shall be provided in accordance with §520.82 of this chapter (relating to Staff Toilet Room).

(3) Staff storage shall be provided in accordance with §520.83 of this chapter (relating to Staff Storage).

§520.303. Diagnostic and Treatment Units.

(a) A single-occupant examination room shall be provided in accordance with §520.45 of this chapter (relating to Examination Room or Emergency Unit Treatment Room). Omission of this requirement shall be permitted. Where a crisis stabilization unit (CSU) resides in the same building as a licensed general hospital, and the general hospital agrees to accept the patient for examination before admitting the patient into the CSU, the single-occupant examination room is not required.

(b) Where outpatient behavioral health observation services are offered, they shall be provided in accordance with §520.124 of this chapter (relating to Behavioral Health Observation Patient Unit).

(c) Where a portable X-ray imaging device is provided, it shall be in accordance with §520.129(b) of this chapter (relating to Imaging Unit). Imaging services are not required in a CSU. A facility’s functional program shall note the need for imaging equipment.

§520.304. Patient Support Units.

(a) Laboratory services shall be provided in accordance with §520.141 of this chapter (relating to Laboratory Unit), even where contractual laboratory services are provided. Omission of this requirement shall be permitted where a crisis stabilization unit (CSU) resides in the same building as a licensed hospital that allows sharing of their laboratory services. However, when the licensed hospital’s license is voided, §520.141(b)(1) of this chapter shall be provided in the confines of the CSU. The Texas Health and Human Services Commission (HHSC) Architectural Review Unit (ARU) shall conduct a final architectural inspection to verify the basic laboratory unit is in the CSU before the licensed hospital’s license is voided. Where §520.141(b)(1) of this chapter is not met at the time of a final architectural inspection, the CSU license shall be voided.

(b) A dietary unit shall be provided in accordance with §520.143 of this chapter (relating to Dietary Unit), even where contractual laboratory services are provided. The dining area or room is not required for a CSU where patients dine at group spaces.

(c) A Laundry unit shall comply with the following requirements.

(1) Where linen processing services are performed outside a licensed facility, a contractual agreement shall be permitted where the requirements of this section are provided in the licensed facility. During an architectural inspection, the contractual agreement for the linen services shall be provided. Linen procedures outside of the licensed facility shall meet the licensed facility’s infection control criteria for laundry locations and transportation and handling methods for clean linens.

(2) Where a laundry unit is provided, it shall meet the applicable sections of §520.145 of this chapter (relating to Laundry Unit).

(3) Where a decentralized laundry room is provided, it shall be in accordance with §520.145(i) of this chapter. The decentralized laundry room shall be a secured room where located in any patient care unit or patient care treatment area.

§520.305. General Support Units.

(a) The support spaces in this section shall be provided for a freestanding crisis stabilization unit (CSU).

(b) A service entrance shall be provided in accordance with §520.151 of this chapter (relating to Service Entrance). Where a CSU and a host hospital reside in the same building, omission of this subsection shall be permitted; however, where provided it shall meet this section.

(c) Cart cleaning shall be provided in accordance with §520.152 of this chapter (relating to Cart Cleaning Unit). Allowances for where a CSU and a licensed hospital reside in the same building are described in §520.152 of this chapter.

(d) A materials management unit shall be provided in accordance with §520.153 of this chapter (relating to Materials Management Unit). Allowances for where a CSU and a licensed hospital reside in the same building are described in §520.153 of this chapter.

(e) A waste management unit shall be provided in accordance with §520.154 of this chapter (relating to Waste Management Unit). Omission of this requirement shall be permitted where a licensed hospital and a CSU reside in the same building. However, when the host hospital license is voided, the requirements §520.154 of this chapter shall be provided.

(f) An environmental services room shall be provided as described in §520.74 of this chapter (relating to Environmental Services Room).

(g) An engineering and maintenance unit shall be provided, as described in §520.156 of this chapter (relating to Engineering and Maintenance Services). Omission of this requirement shall be permitted where a licensed hospital and a CSU reside in the same building and the physical spaces and building systems are maintained by the licensed hospital. However, the CSU shall maintain a copy of its fire drills and disaster drills in its licensed facility and shall be responsible for the upkeep and maintenance of its emergency equipment. However, when the host hospital license is voided, the requirements in §520.156 of this chapter shall be provided.

§520.306. Public and Administrative Areas.

(a) Public and administrative areas may have unsecure access.

(b) Public areas shall be provided in accordance with §520.162 of this chapter (relating to Public Areas) and meet the following additional requirements.

(1) Each licensed facility shall provide a public waiting area. It shall be visible from a staff area by direct sight line by staff. Additional waiting areas or rooms and their associated seating needed to support the licensed facility shall be permitted. Public reception and waiting area shall be physically separated from the patient care unit. Omission of the public waiting area shall be permitted where a crisis stabilization unit (CSU) resides in the same building as a licensed general hospital, and the room is the same floor and within 150 foot travel distance from the CSU's main entrance.

(2) A public toilet room shall be provided in accordance with §520.178 of this chapter (relating to Psychiatric Finishes and Furnishings) of this chapter. Omission of this room shall be permitted where a CSU resides in the same building as a licensed hospital, and the room is the same floor and within 75 foot travel distance from the CSU's main entrance.

(c) Administrative areas shall be provided in accordance with §520.163 of this chapter (relating to Administrative Areas) of this chapter and meet the following additional requirements.

(1) Omission of the admission waiting shall be permitted.

(2) Each licensed facility shall provide at least one multipurpose room as described in §520.65 of this chapter (relating to Multipurpose Room). Refer to §520.65 of this chapter for allowances where a CSU and a licensed hospital reside in the same building. The multipurpose room may be combined with the staff lounge where it meets §520.81 of this chapter (relating to Staff Lounge).

(3) An interview room shall be provided for the interview and intake process. In a freestanding CSU, this room shall have speech and visual privacy. Where a CSU and a host hospital resides in the same building, omission of this section shall be permitted where the host hospital emergency unit intakes the CSU patient for screening and examination before admitting into the CSU.

§520.307. Design and Construction Requirements.

(a) Architectural details, surfaces, and furnishings shall be provided in accordance with Subchapter C, Division 7 of this chapter (relating to Design and Construction Requirements), and this section.

(b) Signage shall be provided in accordance with §520.171 of this chapter (relating to Signage). The required signage at patient care areas shall be permanently mounted and where exposed hardware, such as screws, is provided, it shall be tamper-resistant.

(c) Where a noisy activity area, quiet activity area, group activity area, or dining area is open to the corridor, a minimum clear and unobstructed width of six feet shall be outside of their square footage, unless a greater width is required by occupant load calculations per local and state building codes.

(d) Doors and door hardware shall be provided in accordance with §520.172(c) of this chapter (relating to Architectural Details).

(e) Where a patient care unit is in a suite in accordance with Chapter 18 of NFPA 101 Life Safety Code, a breakaway door shall be permitted where privacy is met in accordance with §520.101(e) of this chapter (relating to General). A break away door pulls away from the door frame after 20 pounds of pressure is applied thus eliminating an anchor point.

§520.308. Building Systems.

(a) General requirements shall be provided as described in §520.181 of this chapter (relating to General).

(b) Heating, Ventilation, and Air-Conditioning (HVAC) systems shall be provided in accordance with §520.182 of this chapter (relating to Heating, Ventilation, and Air-Conditioning Systems), as amended in this section. Refer to §520.182 of this chapter for allowances where a crisis stabilization unit (CSU) and a licensed hospital reside in the same building.

(c) Electrical systems shall be provided as described in §520.183 of this chapter (relating to Electrical Systems), including electrical receptacle requirements as described in §520.1207 (relating to Electrical Receptacles for Patient Care Areas), and comply with the following additional requirements.

(1) A freestanding CSU shall provide a permanent generator as described in §520.183(a)(3) of this chapter.

(2) For a multi-tenant building where a CSU and licensed hospital reside, refer to §520.183 of this chapter for allowances.

(d) Plumbing systems shall be provided as described in §520.184 of this chapter (relating to Plumbing Systems), as amended in this section. Refer to §520.184 of this chapter section for allowances for where a CSU and a licensed hospital reside in the same building.

(e) Storage of medical gas cylinders shall meet NFPA 99: Health Care Facilities Code. Where piped medical gas is provided, it shall be as described in §520.185 of this chapter (relating to Medical Gas and Vacuum Systems).

(f) A nurse call system shall be provided as described in §520.186 of this chapter (relating to Nurse Call Systems).

(g) A fire alarm system shall be provided as described in §520.188 of this chapter (relating to Fire Alarm System); and in a psychiatric patient care unit or any area where a patient receives psychiatric care or treatment, a fire extinguisher cabinet shall be in staff areas or secured in patient-accessible locations, as described in §520.178 of this chapter (relating to Psychiatric Finishes and Furnishings).

(h) A fire sprinkler system shall be provided as described in §520.189 of this chapter (relating to Fire Sprinkler System).

(i) A special system shall be provided as described in §520.190 of this chapter (relating to Special Systems).

(j) An elevator system shall be provided as described in §520.191 of this chapter (relating to Elevators).

TITLE 26 HEALTH AND HUMAN SERVICES

PART 1 HEALTH AND HUMAN SERVICES COMMISSION

CHAPTER 520 REQUIREMENTS FOR DESIGN, CONSTRUCTION, AND FIRE SAFETY IN HEALTH CARE FACILITIES

SUBCHAPTER F SPECIFIC REQUIREMENTS FOR AMBULATORY SURGICAL CENTERS

§520.401. Purpose and Application.

(a) The purpose of this subchapter is to implement Texas Health and Safety Code, Chapter 243 (relating to Ambulatory Surgical Centers), which requires ambulatory surgical centers to be licensed by the Texas Health and Human Services Commission (HHSC). The requirements of this subchapter shall apply to a licensed Ambulatory Surgical Center (ASC), as defined in the §520.2 of this chapter (relating to Definitions), which includes a project in a licensed ASC or a facility in the process of applying for initial licensure for an ASC. This chapter provides definitions and establishes fire prevention and safety requirements, and physical plant and construction requirements for a licensed ASC. Compliance with this chapter does not constitute release from the requirements of other applicable federal, state, or local laws, codes, rules, regulations, and ordinances. This chapter must be followed where it exceeds other codes and ordinances. Licensing procedures, operational requirements, standards for voluntary agreements, and enforcement procedures for an ASC shall be in accordance with Texas Administrative Code (TAC) Title 25, Chapter 135, Ambulatory Surgical Centers.

(1) A licensed ASC shall meet the requirements in this subchapter; Subchapter A of this chapter (relating to Introduction), where applicable, to an ASC or otherwise required in in this subchapter; Subchapter B of this chapter (relating to Common Elements for Licensed Facilities) and Subchapter C of this chapter (relating to Specific Requirements for General and Special Hospitals), as cross-referenced in this subchapter.

(2) Mobile or transportable medical units shall be prohibited, even where used on a temporary basis. This subchapter shall not apply to mobile or transportable medical units placed into service because of a civil or local emergency or catastrophe as permitted by HHSC.

(3) A licensed ASC may be a modular unit where permanently affixed to the licensed ASC site and shall meet all requirements of this subchapter.

(4) Where an ASC is in a multi-tenant building, it shall be in accordance with §520.9 of this chapter (relating to Licensed Facility Location) and this section. Refer to Subchapter C, Division 8 of this chapter (relating to Building Systems) for specific building systems that may be shared. Refer to §520.10 of this chapter (relating to Shared Spaces) for rooms that may be shared.

(5) Location shall be provided in accordance with §520.9 of this chapter and Subchapter A, Division 5 of this chapter (relating to Site).

(6) Site shall be provided in accordance with Subchapter A, Division 5 of this chapter.

(7) Parking shall be provided in accordance with §520.36 of this chapter (relating to Parking and Loading).

(8) Entrances to an ASC shall comply with the following requirements.

(A) A freestanding ASC shall provide its main entrance door reachable from grade level. Other exiting requirements shall comply with NFPA 101: Life Safety Code.

(B) In a multi-tenant building, a minimum of one building entrance door shall be reachable from grade level. The ASC entrance may be accessed directly from a building’s main public lobby or the public elevator lobby; however, patients shall not travel through other tenant occupancies.

(C) A covered public entrance to the licensed facility shall be provided in accordance with §520.36(e)(4) of this chapter.

§520.402. Diagnostic and Treatment Units.

(a) A licensed ambulatory surgical center (ASC) shall provide at least one surgical unit, which contains at least one operating room and meets the following requirements.

(1) A patient treatment unit shall meet the requirements in this chapter for new construction.

(2) A patient treatment unit shall meet the requirements in this chapter for renovated construction and other types of modifications indicated in §520.12 of this chapter (relating to Additions, Renovations, and Alterations), or where an existing patient treatment area or a portion thereof is converted to another type of patient care treatment. Renovation shall not include relocation of a facility, as this is an initial license.

(3) Unrelated traffic of staff and the public through a patient care treatment unit shall be prohibited, except for emergency egress.

(4) The route through the patient treatment unit shall preserve the patient’s dignity. Where patient privacy is provided or required using cubicle curtains, they shall be installed before the final architectural inspection. The cubicle curtains shall fully close to assure maximum privacy from casual observation by visitors and other patients. Waiting areas for patients on stretchers or in gowns shall be out of view of the public circulation system.

(5) Where accommodations for care regarding patients of size are provided, they shall meet the requirements in §520.46 of this chapter (relating to Patients of Size).

(6) Accommodations for handicapped accessibility shall be in accordance with §520.20 of this chapter (relating to Design Standards for Accessibility).

(7) Bed, stretcher, and recliner clearances shall be provided to support the patient’s safety. The size of a patient room, station, or bay shall allow unimpeded clearance on at least one side and at the front of any patient chair, stretcher, wheelchair, or other such device. Refer to specific patient care station sections for additional clearances and space requirements.

(8) Fixed encroachments shall be in accordance with §520.14(b) of this chapter (relating to Exceptions).

(9) A patient toilet room shall be provided in accordance with §520.76 of this chapter (relating to Patient Toilet Room).

(10) Where handrails or grab bars are provided, they shall be in accordance with §520.172(e) and (f) of this chapter (relating to Architectural Details) and §520.46 of this chapter, and the more stringent requirements shall be required. Tripping hazards shall be prohibited.

(11) Hot water requirements are described in §520.1210 of this chapter (relating to Hot Water Use).

(12) Architectural details are described in Subchapter C, Division 7 of this chapter (relating to Design and Construction Requirements).

(13) Heating, ventilation, and air conditioning requirements are described in ANSI/ASHRAE/ASHE 170: Ventilation of Health Care Facilities.

(14) Electrical receptacle requirements are described in §520.1207 of this chapter (relating to Electrical Receptacles for Patient Care Areas).

(15) Nurse call requirements are described in §520.1208 of this chapter (relating to Locations for Nurse Call Devices for Patient Care Areas).

(16) Where oxygen and vacuum are provided, they shall meet the requirements described in §520.1209 of this chapter (relating to Station Outlets for Oxygen, Vacuum, Medical Air, and Instrument Air Systems for Patient Care Areas).

(b) Treatment rooms and areas for surgical patients shall comply with the following requirements.

(1) Pre-admissions services and diagnostic services may be provided off-site for pre-admission tests required for the procedures performed in the ASC. Where diagnostic services are performed in the ASC, those services and equipment shall only serve the ASC patients in preparation for surgical procedures and shall meet the requirements in §520.129 of this chapter (relating to Imaging Unit). A facility’s functional program shall explain the use of imaging modalities provided in an ASC and shall require the approval of the Texas Health and Human Services Commission Architectural Review Unit (ARU).

(2) Where an examination room is provided, it shall be in accordance with §520.45 of this chapter (relating to Examination Room or Emergency Unit Treatment Room) and comply with the following additional requirements.

(A) The examination room shall be in an unrestricted area.

(B) Use of a procedure room as an examination room shall be permitted.

(C) The examination room shall not be shared with any non-licensed facility or other type of licensed facility during its operational hours. Direct access to the examination room shall be in the ASC or from another facility, but not both.

(3) Where a procedure room is provided, it shall be in accordance with §520.128 of this chapter (relating to Surgical Unit). Where an endoscopy procedure room is provided, it shall be in accordance with §520.126 of this chapter (relating to Endoscopy Procedure Unit).

(4) An invasive (operating) room shall be provided in accordance with §520.128(c) of this chapter and meet the following requirements.

(A) Where an ASC adds additional invasive procedures, the ASC shall submit a new facility’s functional program to the ARU for review. The ASC shall not perform any modified or additional invasive procedures without the ARU’s approval and may require physical plant revisions. Where the ARU determines the modified or additional invasive procedures require a renovation to the physical plant, the ASC shall not perform the modified or additional invasive procedures until the ARU issues a final architectural inspection form.

(B) A facility’s functional program shall describe the type of procedures and if anesthetics will be administered using an anesthesia machine and supply cart. The facility’s functional program shall indicate where provisions for patient with airborne infection disease are provided at the licensed facility.

(C) A cesarean delivery room shall not be applicable in an ASC.

(D) Where minor renovation work is undertaken, HHSC may permit the built environment to meet the chapter requirements that were in effect at the time the initial construction, addition or renovation was built in accordance with §520.14(c) of this chapter (relating to Exceptions).

(E) The operating room shall meet the following area requirements. Refer to §520.121 of this chapter (relating to General) for further requirements. Clearance, clear dimension, and clear floor area are defined in §520.2 of this chapter (relating to Definitions).

(i) An operating room shall have a minimum 255 square feet clear floor area with minimum 14 foot clear dimensions.

(ii) An operating room where anesthetics will be administered using an anesthesia machine and supply cart shall have a minimum 270 square feet clear floor area with minimum 14 foot clear dimensions.

(iii) An operating room where surgery will be performed that may require additional staff, equipment, or both shall have a minimum 400 square feet clear floor area with minimum 18 foot clear dimensions. Operating rooms for surgical procedures that require additional medical staff, large equipment, or both shall be sized to accommodate any medical staff and equipment planned to be in the room during procedures.

(F) The following minimum clearances shall be provided around the operating table, gurney, or procedural chair.

(i) For a minimum 255-square-foot operating room, provide six feet on each side, five feet at the foot, and five feet at the head.

(ii) For a minimum 270-square-foot operating room, provide six feet on each side, five feet at the foot, and six feet by eight feet at the head. The head of the table shall have an anesthesia work zone with a clear floor area of 48 square feet.

(iii) For a minimum 400-square-foot operating room, provide eight feet six inches on each side, and seven feet at the foot, and six feet at the head. The head of the table shall have an anesthesia work zone with a clear floor area of six feet by eight feet.

(c) Where storage of blood, tissue, and pathological specimens is required, it shall meet §520.128(e)(13) of this chapter, except harvest organs and organ transplant shall be prohibited in an ASC.

(d) A staff lounge may be in the non-restrictive area, but where provided inside or outside the semi-restrictive corridor, shall meet §520.81 of this chapter (relating to Staff Lounge) and comply with the following requirements.

(1) An ASC in a multi-tenant building that provides a shared staff lounge is not required to comply with this subsection.

(2) Where major renovation work is undertaken, and it appears impossible to meet the minimum space requirements, the ARU may grant approval of excluding the staff lounge.

(e) Support areas for the operating room in the semi-restrictive area of the surgical unit shall comply with §520.128(e) of this chapter, and the following additional requirements.

(1) A nurse office shall not be required, but where provided shall meet §520.64 of this chapter (relating to Nurse Office).

(2) A medication safety zone shall not be required, but where provided shall meet §520.68 of this chapter (relating to Medication Safety Zone).

(3) A clean workroom shall be provided in accordance with §520.71 of this chapter (relating to Clean Workroom or Clean Supply Room). The clean equipment and clean supply storage may be combined in this room.

(4) Clean equipment and clean supply storage shall have at least a combined floor area of 50 square feet per operating room. This required square footage is in addition to storage square footage in the operating room and that required for a procedure located in the surgical unit. All clean equipment and supply storage areas shall be located out of the path of normal traffic, including the connecting corridor, as described in §520.172(b)(1) of this chapter. Where a surgical unit is constructed, renovated or modified, the facility’s functional program shall provide the square footage of each storage area in the semi-restricted area of the surgical unit.

§520.403. Patient Support Units.

(a) Where laboratory services are provided, it shall be in accordance with §520.141 of this chapter (relating to Laboratory Unit). Offsite laboratory services through a contracted accredited laboratory are allowed but shall not be considered a part of the licensed facility.

(b) Where sterile processing is provided, it shall meet §520.144 of this chapter (relating to Sterile Processing Unit).

(c) Where laundry is processed in the licensed facility, it shall be in accordance with §520.145 of this chapter (relating to Laundry Unit).

(d) Where an on-call room is provided, it shall be in accordance with §520.106(f)(4) of this chapter (relating to Critical Care Unit).

§520.404. General Support Units.

(a) A service entrance shall be provided in accordance with §520.151 of this chapter (relating to Service Entrance).

(b) Cart cleaning shall be provided in accordance with §520.152 of this chapter (relating to Cart Cleaning Unit).

(c) A materials management unit shall be provided in accordance with §520.153 of this chapter (relating to Materials Management Unit).

(d) A waste management unit shall be provided in accordance with §520.154 of this chapter (relating to Waste Management Unit).

(e) An environmental services room shall be provided in accordance with §520.74 of this chapter (relating to Environmental Services Room). The environmental services room required by this subsection is separate and distinct room from the environmental services room in the semi-restricted area.

(f) An engineering and maintenance unit shall be provided in accordance with §520.156 of this chapter (relating to Engineering and Maintenance Services).

§520.405. Public and Administrative Areas.

(a) These public and administrative areas are unrestricted areas and may be accessed from unrestricted or semi-restricted corridors.

(b) Public areas shall be provided in accordance with §520.162 of this chapter (relating to Public Areas) and comply with this section.

(c) The dedicated passenger loading or unloading space shall be permitted at the intended surgery discharge door as a substitute for the main building entrance.

(d) A multipurpose room shall be provided in accordance with §520.65 of this chapter (relating to Multipurpose Room), where the licensed facility does not provide a staff lounge. The staff lounge may be combined with the multipurpose room.

§520.406. Design and Construction Requirements.

(a) Architectural details, surfaces, and furnishings shall be provided in accordance with Subchapter C, Division 7 of this chapter (relating to Design and Construction Requirements) and comply with this section.

(b) Corridors shall be provided in accordance with §520.172(b) of this chapter (relating to Architectural Details) and comply with the following requirements.

(1) At least one connecting corridor shall be provided to link the pre- and post-operative patient care stations, the operating room or rooms, the procedure rooms, and at least one exit. The connecting corridor shall have a minimum clear and unobstructed width of eight feet.

(2) Staff-only corridors may be a minimum of three feet eight inches wide unless a greater width is required by occupant load calculations per local and state building codes.

(c) Doors and door hardware shall be provided in accordance with §520.172(c) of this chapter (relating to Architectural Details); and at least one 41.5 inches in width by 79.5 inches in height door shall be provided linking the connecting corridor to the exterior of the building for stretcher and gurney transport.

§520.407. Building Systems.

(a) General building systems requirements shall be provided as described in §520.181 of this chapter (relating to General).

(b) Heating, Ventilation, and Air-Conditioning (HVAC) Systems shall be provided in accordance with §520.182 of this chapter (relating to Heating, Ventilation, and Air-Conditioning Systems) and comply with the following requirements.

(1) Each operating room shall be tested for positive pressure semi-annually or on an effective preventative maintenance schedule. Where HEPA filters are present within the diffuser of an operating room, the filter shall be replaced based on pressure drop. Operating room ventilation systems shall operate during an ambulatory surgical center's (ASC’s) operational hours, except during maintenance and during conditions requiring shutdown by the building’s fire alarm system.

(2) Each operating room and postoperative patient care area or room shall have individual thermometers and humidity gauges.

(3) Required documentation for monitoring the temperature and humidity in each operating room and post-anesthetic care unit (PACU), each single-occupant PACU room or multi-occupant room, shall be retained at the licensed facility. The monitoring may be accomplished by manually reading the thermostat and humidistat on a periodic basis. A written policy shall provide staff directions for contacting engineering support when the temperature and humidity readings are beyond the minimum or maximum set points. A building automation system (BAS), which automatically record readings on a periodic basis, may substitute if the licensed facility has competent staff on-site to record the temperature and humidity.

(c) Electrical systems shall be provided in accordance with §520.183 of this chapter (relating to Electrical Systems), including electrical receptacle requirements in accordance with §520.1207 of this chapter (relating to Electrical Receptacles for Patient Care Areas); and a Type I emergency electrical system shall be provided.

(d) Plumbing Systems shall be provided in accordance with §520.184 of this chapter (relating to Plumbing Systems).

(e) Where piped in medical gas and vacuum systems are provided, the system shall be a Category 1 medical gas and vacuum systems in accordance with §520.185 of this chapter (relating to Medical Gas and Vacuum Systems) and §520.1209 of this chapter (relating to Station Outlets for Oxygen, Vacuum, Medical Air, and Instrument Air Systems).

(f) A nurse call system shall be provided in accordance with §520.186 of this chapter (relating to Nurse Call Systems) and §520.1208 of this chapter (relating to Locations for Nurse Call Devices).

(g) Telecommunications and information systems shall be provided in accordance with §520.187 of this chapter (relating to Telecommunications and Information Systems).

(h) A fire alarm system shall be provided in accordance with §520.188 of this chapter (relating to Fire Alarm System).

(i) Where a fire sprinkler system is required per NFPA 101: Life Safety Code, or where provided, it shall be in accordance with §520.189 of this chapter (relating to Fire Sprinkler System).

(j) Where a special system is provided, it shall be in accordance with §520.190 of this chapter (relating to Special Systems).

(k) An elevator system shall be provided in accordance with §520.191 of this chapter (relating to Elevators).

TITLE 26 HEALTH AND HUMAN SERVICES

PART 1 HEALTH AND HUMAN SERVICES COMMISSION

CHAPTER 520 REQUIREMENTS FOR DESIGN, CONSTRUCTION, AND FIRE SAFETY IN HEALTH CARE FACILITIES

SUBCHAPTER G SPECIFIC REQUIREMENTS FOR FREESTANDING EMERGENCY MEDICAL CARE FACILITIES

§520.501. Purpose and Application.

(a)The purpose of this subchapter is to implement Texas Health and Safety Code, Chapter 254 (relating to End Stage Renal Disease Facilities), which requires freestanding emergency medical care facilities to be licensed by the Texas Health and Human Services Commission (HHSC). The requirements of this subchapter shall apply to a licensed freestanding emergency medical care facility (FEMC), as defined in §520.2 of this chapter (relating to Definitions), which includes a project in a licensed FEMC or a facility in the process of applying for initial licensure for an FEMC. This subchapter provides definitions, and establishes fire prevention and safety requirements, and physical plant and construction requirements for a licensed FEMC. Compliance with this subchapter does not constitute release from the requirements of other applicable federal, state, or local laws, codes, rules, regulations, and ordinances. This subchapter must be followed where it exceeds other codes and ordinances. Licensing procedures, operational requirements, standards for voluntary agreements, and enforcement procedures for a FEMC shall be in accordance with Texas Administrative Code (TAC) Title 26, Chapter 509, Freestanding Emergency Medical Care Facilities.

(1) A licensed FEMC shall meet the requirements in this subchapter; Subchapter A of this chapter (relating to Introduction), where applicable to a FEMC or otherwise required in this subchapter; Subchapter B of this chapter (relating to Common Elements for a Licensed Facility); and Subchapter C of this chapter (relating to Specific Requirements for General and Special Hospitals), as cross-referenced in this subchapter.

(2) Mobile or transportable medical units shall be permitted, where this subchapter is met. This subchapter shall not apply to mobile or transportable medical units placed into service because of a civil or local emergency or catastrophe as permitted by HHSC.

(3) A licensed FEMC may be a modular unit where permanently affixed to the licensed FEMC site and shall meet all requirements of this subchapter.

(4) Where a FEMC is in a multi-tenant building, it shall be in accordance with §520.9 of this chapter (relating to Licensed Facility Location). Specific building systems that may be shared are described in Subchapter C, Division 8 of this chapter (relating to Building Systems) and shall comply with this section. Rooms that may be shared are described in §520.10 of this chapter (relating to Shared Spaces) and shall comply with this section.

(5) Location shall be provided in accordance with §520.9 of this chapter and Subchapter A, Division 5 of this chapter (relating to Site).

(6) Site shall be provided in accordance with Subchapter A, Division 5 of this chapter.

(7) Parking shall be provided in accordance with §520.36 of this chapter (relating to Parking and Loading).

§520.502. Diagnostic and Treatment Units.

(a) A licensed freestanding emergency medical care facility (FEMC) shall provide at least one treatment room, one CT-scan room, and one X-ray room, and the minimum support spaces noted in this chapter.

(1) A patient care treatment unit shall meet the requirements in this chapter for new construction.

(2) A patient care treatment unit shall meet the requirements in this chapter for renovated construction and other types of modifications indicated in §520.12 of this chapter (relating to Additions, Renovations, and Alterations), or where an existing patient care treatment area or a portion thereof is converted to another type of patient care treatment. Renovation shall not include relocation of a facility, as this is an initial license.

(3) Unrelated traffic of staff and the public through a patient care treatment unit shall be prohibited, except for emergency egress.

(4) The route through the patient care unit shall preserve the patient’s dignity. Where patient privacy is provided or required using cubicle curtains, they shall be installed before the final architectural inspection. The cubicle curtains shall fully close to assure maximum privacy from casual observation by visitors and other patients. Waiting areas for patients on stretchers or in gowns shall be out of view of the public circulation system.

(5) Where accommodations for care regarding patients of size are provided, they shall meet the requirements in §520.46 of this chapter (relating to Patients of Size).

(6) Accommodations for handicapped accessibility shall be in accordance with §520.20 of this chapter (relating to Design Standards for Accessibility).

(7) Bed and stretcher space clearances shall be provided to support the patient’s safety. The size of a patient room, station, or bay shall allow unimpeded clearance on at least one side and at the front of any patient chair, stretcher, wheelchair, or other such device. Refer to specific patient care station sections for additional clearances and space requirements.

(8) Fixed encroachments shall be in accordance with §520.14(b) of this chapter (relating to Exceptions).

(9) A patient toilet room shall be provided in accordance with §520.76 of this chapter (relating to Patient Toilet Room).

(10) Where handrails or grab bars are provided, they shall be in accordance with §520.172(e) and (f) of this chapter (relating to Architectural Details) and §520.46 of this chapter, and the more stringent requirements shall be required. Tripping hazards shall be prohibited.

(11) Hot water requirements are described in §520.1210 of this chapter (relating to Hot Water Use).

(12) Architectural details are described in Subchapter C, Division 7 of this chapter (relating to Design and Construction Requirements).

(13) Heating, ventilation, and air conditioning requirements are described in ANSI/ASHRAE/ASHE 170: Ventilation of Health Care Facilities.

(14) Electrical receptacle requirements are described in §520.1207 of this chapter (relating to Electrical Receptacles for Patient Care Areas).

(15) Nurse call requirements are described in §520.1208 of this chapter (relating to Locations for Nurse Call Devices for Patient Care Areas).

(16) Oxygen and vacuum requirements are described in §520.1209 of this chapter (relating to Station Outlets for Oxygen, Vacuum, Medical Air, and Instrument Air Systems for Patient Care Areas).

(b) An emergency unit shall be provided in accordance with §520.122 of this chapter (relating to Emergency Unit) and comply with the following requirements.

(1) An ambulance entrance to the licensed facility shall be provided in accordance with §520.36(e)(6) of this chapter (relating to Parking and Loading). The visual barrier described in §520.36(e)(6)(D) of this chapter is not applicable.

(2) An emergency site sign shall be provided in accordance with §520.33(g) of this chapter (relating to Site Features). Where the licensed facility is near the main street and visible while driving on that road or street at the local speed limit, the emergency site sign may be located on the licensed facility’s façade.

(3) Where provided, based on the governing body’s requirements, the airborne infection isolation (AII) room or rooms shall be provided in accordance with §520.41 of this chapter (relating to Airborne Infection Isolation Room).

(4) Fast-track area shall be prohibited.

(5) Where a closed FEMC applies for initial FEMC licensure, a minimum clear floor area of 100 square feet with a minimum clear dimension of 10 feet shall be permitted for exam rooms however, this shall not apply to a treatment room. Where major renovation work is undertaken in a multi-tenant building, an exam room shall not be shared with another licensed healthcare facility or tenant.

(6) Support areas for an emergency unit shall be provided in accordance with §520.122(m) of this chapter and comply with the following requirements.

(A) A nurse station shall be provided in accordance with §520.62 of this chapter (relating to Nurse Station). Where patient treatment is located on other floors than the grade level floor, such as imaging modalities or observation rooms, a nurse stations shall be on each patient floor.

(B) A medication safety zone shall be provided in accordance with §520.68 of this chapter (relating to Medication Safety Zone).

(C) A clean workroomshall be in accordance with §520.71 of this chapter (relating to Clean Workroom or Clean Supply Room).

(D) A soiled workroom shall be provided in accordance with §520.72 of this chapter (relating to Soiled Workroom or Soiled Holding Room).

(E) Where a nourishment area or room is provided, it shall be in accordance with §520.69 of this chapter (relating to Nourishment Area or Room).

(F) An environmental services room shall be provided in accordance with §520.74 of this chapter (relating to Environmental Services Room).

(7) An on-call room shall be provided in accordance with §520.106(f)(4) of this chapter (relating to Critical Care Unit).

(c) Where an observation room is provided, it shall be in accordance with §520.123 of this chapter (relating to Observation Patient Unit (Clinical Decision Unit)).

(d) Imaging services shall comply with the following requirements.

(1) At minimum, a dedicated diagnostic radiographic (X-Ray) and a dedicated computed tomography (CT Scan) shall be provided and shall meet the requirements for those services in §520.129 (relating to Imaging Unit) of this chapter and comply with the requirements in this paragraph and paragraph (2) of this subsection.

(2) X-Ray and CT Scan equipment shall be installed at a final architectural inspection. Where imaging equipment upgrades are undertaken at a FEMC, Subchapter L of this chapter (relating to Specific Requirements for Mobile/Transportable Medical Units) shall be permitted.

(3) Where other imaging services are provided, the imaging modalities shall be used exclusively for and in the confines of the licensed FEMC and shall meet the requirements for those services in §520.129 of this chapter (relating to Imaging Unit). A facility’s functional program shall explain the use of other imaging modalities provided in the confines of the licensed FEMC, other than X-Ray and CT Scan equipment.

§520.503. Patient Support Units.

(a) A laboratory unit shall be provided in accordance with §520.141 of this chapter (relating to Laboratory Unit). Offsite laboratory services through a contracted accredited laboratory hall not be considered a part of the licensed facility.

(b) Where sterile processing is provided, it shall meet §520.144 of this chapter (relating to Sterile Processing Unit).

(c) Where laundry is processed in the licensed facility, it shall be in accordance with §520.145 of this chapter (relating to Laundry Unit).

§520.504. General Support Units.

(a) A materials management unit shall be provided in accordance with §520.153 of this chapter (relating to Materials Management Unit).

(b) A waste management unit shall be provided in accordance with §520.154 of this chapter (relating to Waste Management Unit).

(c) An environmental services room shall be provided in accordance with §520.74 of this chapter (relating to Environmental Services Room). Omission of this requirement shall be permitted where the governing body’s infection control policy indicates their procedures for proper use of cleaning up body fluids versus general cleaning, and the use of separate equipment and supplies. However, an environmental services room in accordance with §520.74 of this chapter shall be provided in the emergency unit.

(d) An engineering and maintenance unit shall be provided in accordance with §520.156 of this chapter (relating to Engineering and Maintenance Services).

§520.505. Public and Administrative Areas.

(a) Public area shall be provided in accordance with Subchapter B, Division 5 of this chapter (relating to Support Areas for Visitors).

(b) Administrative areas shall be provided in accordance with Subchapter C, Division 6 of this chapter (relating to Public and Administrative Areas).

§520.506. Design and Construction Requirements.

Architectural details, surfaces, and furnishings shall be provided in accordance with Subchapter C, Division 7 of this chapter (relating to Design and Construction Requirements).

§520.507. Building Systems.

(a) General building systems requirements shall be provided in accordance with §520.181 of this chapter (relating to General).

(b) Heating, Ventilation, and Air-Conditioning (HVAC) Systems shall be provided in accordance with §520.182 of this chapter (relating to Heating, Ventilation, and Air-Conditioning Systems).

(c) Electrical systems shall be provided in accordance with §520.183 of this chapter (relating to Electrical Systems), including electrical receptacle requirements in accordance with §520.1207 of this chapter (relating to Electrical Receptacles for Patient Care Areas); and at least a Type II emergency electrical system shall be provided.

(d) Plumbing systems shall be provided in accordance with §520.184 of this chapter (relating to Plumbing Systems).

(e) Category 1 medical gas and vacuum systems shall be provided in accordance with §520.185 of this chapter (relating to Medical Gas and Vacuum Systems) and §520.1209 of this chapter (relating to Station Outlets for Oxygen, Vacuum, Medical Air, and Instrument Air Systems).

(f) A nurse call system shall be provided in accordance with §520.186 of this chapter (relating to Nurse Call Systems) and §520.1208 of this chapter (relating to Locations for Nurse Call Devices).

(g) Telecommunications and information systems shall be provided in accordance with §520.187 of this chapter (relating to Telecommunications and Information Systems).

(h) A fire alarm system shall be provided in accordance with §520.188 of this chapter (relating to Fire Alarm System).

(i) Where a fire sprinkler system is required per NFPA 101: Life Safety Code or where provided, it shall be in accordance with §520.189 of this chapter (relating to Fire Sprinkler System).

(j) Where a special system is provided, it shall be in accordance with §520.190 of this chapter (relating to Special Systems).

(k) An elevator system shall be provided in accordance with §520.191 of this chapter (relating to Elevators).TITLE 26 HEALTH AND HUMAN SERVICES

PART 1 HEALTH AND HUMAN SERVICES COMMISSION

CHAPTER 520 REQUIREMENTS FOR DESIGN, CONSTRUCTION, AND FIRE SAFETY IN HEALTH CARE FACILITIES

SUBCHAPTER I SPECIFIC REQUIREMENTS FOR END STAGE RENAL DISEASE FACILITIES

§520.701. Purpose and Application.

(a) The purpose of this subchapter is to implement Texas Health and Safety Code, Chapter 251 (relating to End Stage Renal Disease Facilities), which requires end stage renal disease facilities providing routine, repetitive, outpatient dialysis to be licensed by the Texas Health and Human Services Commission (HHSC). The requirements of this subchapter shall apply to a licensed end stage renal disease facility (ESRD), as defined in §520.2 of this chapter (relating to Definitions), which includes a project in a licensed ESRD or a facility in the process of applying for initial licensure as an ESRD. This subchapter provides definitions, and establishes fire prevention, safety, and physical plant and construction requirements for an ESRD. Compliance with this subchapter does not constitute release from the requirements of other applicable federal, state, or local laws, codes, rules, regulations, and ordinances. This subchapter must be followed where it exceeds other codes and ordinances. Licensing procedures, provides procedures for obtaining an end stage renal disease facility license; minimum standards for functions and services; patient rights standards; discrimination or retaliation standards; patient transfer and other policy and protocol requirements; reporting, posting, and training requirements relating to abuse and neglect; standards for voluntary agreements; investigation procedures; and enforcement standards for an ESRD in accordance with Texas Administrative Code (TAC) Title 26, Chapter 507, End Stage Renal Disease Facilities, as described in Subchapter J of this chapter (relating to Specific Requirements for Home Training Only End Stage Renal Disease), where only home training services are provided in an ESRD.

(1) A licensed ESRD shall meet the requirements in this subchapter; Subchapter A of this chapter (relating to Introduction), where applicable to an ESRD or otherwise required in this subchapter; Subchapter B of this chapter (relating to Common Elements for a Licensed Facilities); and Subchapter C of this chapter (relating to Specific Requirements for General and Special Hospitals), as cross-referenced in this subchapter.

(2) Mobile or transportable medical units shall be prohibited, even where used on a temporary basis. This subchapter shall not apply to mobile or transportable medical units placed into service because of a civil or local emergency or catastrophe as permitted by HHSC.

(3) A licensed ESRD may be a modular unit where permanently affixed to the licensed ESRD site and shall meet all requirements of this subchapter.

(4) Where an ESRD is in a multi-tenant building, it shall be in accordance with §520.9 of this chapter (relating to Licensed Facility Location). Specific building systems that may be shared are described in Subchapter C, Division 8 of this chapter (relating to Building Systems) and this section. Rooms that may be shared are described in §520.10 of this division (relating to Shared Spaces) and this section.

(5) Location shall be provided in accordance with §520.9 of this chapter and Subchapter A, Division 5 of this chapter (relating to Site).

(6) Site shall be provided in accordance with Subchapter A, Division 5 of this chapter.

(7) Parking shall be provided in accordance with §520.36 of this chapter (relating to Parking and Loading).

(8) ESRD entrances shall comply with the following requirements.

(A) A freestanding ESRD shall provide its main entrance door reachable from grade level. Other exiting requirements shall comply with NFPA 101: Life Safety Code.

(B) In a multi-tenant building, a minimum of one building entrance door shall be reachable from grade level. The ESRD entrance may be accessed directly from a building’s main public lobby or the public elevator lobby; however, patients shall not travel through other tenant occupancies.

(C) The building’s main entrance shall be covered with a roof overhang or canopy. It shall extend at least six feet from the face of the exterior wall and at least four feet wide. The covered area shall be clear and unobstructed. In a multi-tenant building, the ESRD may share the building’s roof overhang or canopy where it meets the requirements of this subchapter. The roof overhang or canopy shall provide patients in wheelchairs a covered protection against inclement weather upon entrance into the ESRD or the multi-tenant building’s entrance.

§520.702. Diagnostic and Treatment Units.

(a) A diagnostic or treatment unit shall comply with the following general requirements.

(1) A patient care treatment unit shall meet the requirements in this chapter for new construction in accordance with §520.11 of this subchapter (relating to New Construction).

(2) A patient care treatment unit shall meet the requirements in this chapter for renovated construction and other types of modifications indicated in §520.12 of this chapter (relating to Additions, Renovations, and Alterations), or where an existing patient care treatment area or a portion thereof is converted to another type of patient care treatment. Renovation shall not include relocation of a facility, as this is an initial license.

(3) Unrelated traffic of staff and the public through a patient care treatment unit shall be prohibited, except for emergency egress.

(4) The route through the patient care unit shall preserve the patient’s dignity. Where patient privacy is provided or required using cubicle curtains, they shall be installed before the final architectural inspection. The cubicle curtains shall fully close to assure maximum privacy from casual observation by visitors and other patients. Waiting areas for patients on stretchers or in gowns shall be out of view of the public circulation system.

(5) Where accommodations for care regarding patients of size are provided, they shall meet the requirements in §520.46 of this chapter (relating to Patients of Size).

(6) Accommodations for handicapped accessibility shall be in accordance with §520.20 of this chapter (relating to Design Standards for Accessibility).

(7) Dialysis station clearances shall be provided to support the patient’s safety.

(8) Fixed encroachments shall be in accordance §520.14(b) of this chapter (relating to Exceptions).

(9) Patient toilet room shall be provided in accordance with §520.76 of this chapter (relating to Patient Toilet Room).

(10) Where handrails or grab bars are provided, they shall be in accordance with §520.172(e) and (f) of this subchapter (relating to Design and Construction Requirements) and §520.46 of this chapter, and the more stringent requirements shall be required. Tripping hazards shall be prohibited.

(11) Hot water requirements are described in §520.1210 of this chapter (relating to Hot Water Use).

(12) Architectural details are described in Subchapter C, Division 7 of this chapter (relating to Design and Construction Requirements).

(13) Heating, ventilation, and air conditioning requirements are described in ANSI/ASHRAE/ASHE 170: Ventilation of Health Care Facilities.

(14) Electrical receptacle requirements are described in §520.1207 of this chapter (relating to Electrical Receptacles for Patient Care Areas).

(15) Nurse call requirements are described in §520.1208 of this chapter (relating to Locations for Nurse Call Devices for Patient Care Areas).

(b) Where an examination room is provided, it shall be in accordance with §520.45 of this chapter (relating to Examination Room or Emergency Unit Treatment Room) and comply with the following requirements.

(1) In a multi-tenant building this room shall not be shared with another licensed healthcare facility or tenant. Direct access to the examination room shall be in the ESRD. This requirement shall apply for both initial and where major renovation is undertaken.

(2) Hemodialysis treatment or home training services shall be prohibited in an exam room.

(c) A hemodialysis patient care area and Transitional Care Unit/Self-Care Units (TCU) shall meet the following requirements.

(1) The treatment area may be an open-plan area, except where dedicated treatment rooms where patients with airborne infectious diseases, hepatitis B positive, or home training are treated, as described in §520.130(d) of this chapter (relating to Renal Dialysis Services Unit).

(2) The treatment area shall be separate from administrative and waiting areas.

(3) Except for the built-in chase, any other built-in cabinetry shall be prohibited in the clear floor area of the individual hemodialysis patient care stations.

(4) The area and clearances shall be in accordance with §520.130(c)(2) of this chapter.

(4) Patient privacy shall be provided in accordance with §520.101(e) of this chapter (relating to General).

(5) The clean sink and dirty sink shall be provided in accordance with §520.130(c)(7) and (8) of this chapter.

(d) Support areas for patients shall comply with the following requirements.

(1) Where hepatitis B (HBV)-infected patients receive hemodialysis treatment, a non-airborne infection isolation treatment enclosure shall be provided and shall met the following requirements.

(A) A Center for Medicare and Medicaid Services (CMS) waiver indicating an acceptable transfer agreement with another end state renal disease facility (ESRD) may substitute for the non-airborne infection isolation enclosure, which CMS refers to as an isolation room.

(B) Where minor renovation is undertaken at an ESRD without a non-airborne infection isolation room, that room shall not be required.

(C) Where hemodialysis patient care stations are increased, or significant additions are constructed at an ESRD without a non-airborne infection isolation room, a non-airborne infection isolation room or a CMS waiver shall be provided during the final architectural inspection.

(D) Where the CMS waiver is provided in lieu of the non-airborne infection isolation enclosure, the waiver shall be provided at a final architectural inspection.

(E) A minimum 120 square feet clear floor area with a minimum eight foot clear dimensions shall be provided. The enclosure may be a room or an enclosed space where walls or a curtain wall system provide a minimum seven foot-high clearance enclosing the non-airborne infection isolation area.

(i) The enclosure or room shall be directly accessible to the hemodialysis multiple-occupant patient care room.

(ii) The enclosure or room shall have direct visual observation of the patient’s face from a nurse station during their treatment. Video cameras shall not substitute for direct visual observation but may be used as additional safety precautions.

(iii) This enclosure or room shall be equipped with:

(I) a counter;

(II) a hand-washing station provided in accordance with §520.67 of this chapter (relating to Hand-Washing Station); and

(III) a dirty sink provided in accordance with §520.130(c)(8) of this chapter.

(2) Where patients who have an airborne infection receive hemodialysis treatment, an airborne infection isolation (AII) dialysis room shall be provided in accordance with §520.130(d)(2) of this chapter.

(3) Where services to train patients on dialysis equipment for home use are offered, a single-occupant training room shall be provided in accordance with §520.130(d)(3) of this chapter.

(e) Support areas for the ESRD shall comply with the following requirements.

(1) A nurse station shall be provided in accordance with §520.62 of this chapter (relating to Nurse Station) and comply with the following requirements. Where only home training services are provided in the licensed ESRD, a minimum of one nurse station shall be provided and may be combined with the reception area.

(2) A medication safety zone shall be provided in accordance with §520.68 of this chapter (relating to Medication Safety Zone).

(3) Where a nourishment area or room is provided, it shall be in accordance with §520.69 of this chapter (relating to Nourishment Area or Room).

(4) Where a clean linen storage area is provided, it shall be in accordance with the §520.130(e)(4) of this chapter.

(5) Where a soiled linen storage area is provided, it shall be in accordance with the §520.130(e)(6) of this chapter.

(6) Emergency equipment storage space shall be provided in accordance with §520.73(c)(6) of this chapter (relating to Equipment Storage).

(7) An environmental services room shall be provided in accordance with §520.130(e)(8) of this chapter.

(f) Dialysis support accommodations shall meet the following requirements.

(1) Where dialyzers are processed for reuse, a dialyzer reprocessing room shall be provided in accordance with §520.130(f)(1) of this chapter.

(2) Where a central dialysate mixing or delivery system is used to provide individual dialysate solutions for treatment of patients requiring special dialysate prescriptions, a dialysate preparation room shall be provided in accordance with §520.130(f)(2) of this chapter.

(3) Where equipment repair services are provided in the licensed ESRD, an equipment repair room shall be provided and equipped with the following.

(A) A hand-washing station.

(B) A treated water outlet for equipment maintenance and utility service sink, with a minimum depth of 12 inches, for equipment connection and testing.

(C) A work counter.

(D) A storage cabinet.

(E) Emergency first-aid equipment as described in §520.184(j)(12) of this chapter (relating to Plumbing Systems), and conveniently located for staff use.

(F) Where equipment repair services are provided offsite of the licensed ESRD, a dedicated equipment repair holding space shall be provided. Omission of this requirement shall be permitted for a home training only ESRD. The facility’s functional program shall note how the equipment is serviced.

(G) In a multi-tenant building where a licensed ESRD and a host hospital share the same governing body, the equipment repair room shall be located in either of the licensed facilities and shall be permitted to share. When the host hospital license is voided, the equipment repair room shall be provided in the licensed ESRD. The Texas Health and Human Services Commission (HHSC) Architectural Review Unit (ARU) shall conduct a final architectural inspection to verify the equipment repair room is provided in the licensed ESRD before the host hospital license is voided. Upon ARU approval of the equipment repair room, the licensed ESRD shall continue to serve patients. Where there is no separation at the time of a final architectural inspection, the ESRD license shall be voided or suspended as required by HHSC.

(4) Where testing is conducted in the licensed ESRD, a water supply and drain connection for testing machines shall be provided.

(5) Where provided, a water treatment equipment area shall be in a dedicated secured area and provide space to access all components of the equipment and shall have a floor drain.

(g) Support areas for staff shall meet the following requirements.

(1) A staff lounge shall be provided in accordance with §520.81 of this chapter (relating to Staff Lounge).

(2) A staff toilet room shall be provided in accordance with §520.82 of this chapter (relating to Staff Toilet Room).

(3) Staff storage shall be provided in accordance with §520.83 of this chapter (relating to Staff Storage). Where only home training services are provided in the licensed ESRD, lockers shall not be required.

(h) Support areas for patients shall comply with the following requirements.

(1) A patient weight scale shall be provided in the hemodialysis patient care area or home training area.

(2) A patient toilet room shall be provided in accordance with §520.76 of this chapter (relating to Patient Toilet Room) and comply with the following requirements. Where only home training services are provided in the licensed ESRD, the patient toilet may be in the waiting area and used by both the public and patients.

(3) Storage for patients’ belongings shall be provided in accordance with §520.77(e)(5) of this chapter (relating to Patient Changing Room).

(4) Where provided, ice-making equipment shall be provided in accordance with §520.70 of this chapter (relating to Ice-Making Equipment).

(i) Laboratory services shall be provided in accordance with §520.141(b) of this chapter (relating to Laboratory Unit), even where contractual laboratory services are provided. Omission of the specimen collection toilet room shall be permitted. The laboratory shall be located at least six feet from any dialysis chair.

§520.703. General Support Units.

(a) A service entrance shall be provided in accordance with §520.151 of this chapter (relating to Service Entrance).

(b) Where a materials management unit is provided, it shall be in accordance with §520.153 of this chapter (relating to Materials Management Unit).

(c) A waste management unit shall be provided in accordance with §520.154 of this chapter (relating to Waste Management Unit) and may be shared in a multi-tenant building.

(d) An environmental services room shall be provided in accordance with §520.74 of this chapter (relating to Environmental Services Room).

(e) Engineering services shall be provided in accordance with §520.156 of this chapter (relating to Engineering and Maintenance Services).

§520.704. Public and Administrative Areas.

(a) Public areas shall be provided in accordance with §520.162 of this chapter (relating to Public Areas) and comply with the requirements of this section.

(b) A main public waiting room with a minimum of five waiting room chairs shall be provided, or a number of chairs equal to 50 percent of the total patient treatment stations, whichever is greater. Omission of this requirement shall be permitted where a home training only end state renal disease facility (ESRD) provides one home training room.

(c) Administrative areas shall be provided in accordance with §520.163 of this chapter (relating to Administrative Areas); the admission waiting area is not required.

§520.705. Design and Construction Requirements.

(a) Architectural details, surfaces, and furnishings shall be provided in accordance with Subchapter C, Division 7 of this chapter (relating to Design and Construction Requirements) and comply with the requirements of this section.

(b) Doors and door hardware shall be provided in accordance with §520.172(c) of this chapter (relating to Architectural Details), and a main entrance door and a door into the in-center training room shall be a minimum clear dimension opening of 46.5 inches.

§520.706. Building Systems.

(a) General building systems requirements shall be provided in accordance with §520.181 of this chapter (relating to General).

(b) Heating, ventilation, and air-conditioning (HVAC) systems shall be provided in accordance with §520.182 of this chapter (relating to Heating, Ventilation, and Air-Conditioning Systems).

(c) Electrical systems shall be provided in accordance with §520.183 of this chapter (relating to Electrical Systems) and meet the following requirements.

(1) A licensed end stage renal disease facility (ESRD) shall provide either a permanent generator for emergency power or a transfer agreement. Either contingency plan shall meet either paragraph (2) or (3) of this subsection, as applicable, and the facility’s functional program shall indicate which contingency plan is provided at the licensed ESRD.

(2) A permanent emergency generator standby power system shall be provided to operate the entire licensed ESRD, including a dedicated elevator, where applicable, and shall meet the following guidelines.

(A) Fuel storage capacity shall have continuous operation for at least 24 hours. Where a vapor liquefied petroleum gas system (natural gas) is provided for a generator, the fuel capacity at the licensed ESRD site is not required; however, the natural gas system shall require a dedicated fuel supply.

(B) An automatic electrical transfer switch shall be provided.

(C) An engine exhaust muffler shall be provided for the generator. Generator system designs shall assure the maximum noise levels in §520.1203 of this chapter (relating to Maximum Design Criteria for Noise in Interior Spaces Caused by Building Systems) are not exceeded.

(D) Generator pad, transfer switches and panelboards shall be at least 18 inches above flood plain or in accordance with local code, whichever is more stringent.

(E) Electrical systems shall meet state and local building code requirements. All electrical material and equipment, including conductors, controls, and signaling devices, shall be installed in compliance with the requirements of this subsection and the following applicable sections of:

(i) NFPA 70: National Electrical Code;

(ii) NFPA 99: Health Care Facilities Code;

(iii) NFPA 101: Life Safety Code;

(iv) NFPA 110: Standard for Emergency and Standby Power Systems; and

(v) NFPA 111: Standard on Stored Electrical Energy Emergency and Standby Power Systems.

(F) A generator and its pieces of apparatus shall be maintained in a good working condition. Repairs or replacement shall be made when the generator system or its pieces of apparatus are damaged or in a non-working condition. An exposed generator unit or its pieces of apparatus that have been abandoned shall be removed from the licensed ESRD and the surrounding surfaces shall be repaired, as necessary. The generator set and associated equipment, including all appurtenance parts, shall be capable of supplying service within the shortest time practicable after interruption of the normal source for the entire licensed ESRD, including a patient sized elevator where required.

(G) During a final architectural inspection, a signed, sealed, and dated letter from the professional engineer shall be provided that indicates no exceptions were noted upon reviewing the generator with the contract construction drawings.

(H) In a multi-tenant building, the ESRD generator system shall not be shared with other licensed healthcare facilities, physician office facilities, or other tenants. The generator shall be used exclusively for the licensed ESRD.

(I) Generator maintenance and testing shall comply with the following requirements.

(i) Generator sets shall be tested 12 times a year, with testing intervals of not less than 20 days nor more than 40 days. Generator sets shall be tested in accordance with NFPA 110, Standard for Emergency and Standby Power Systems, Chapter 8 and NFPA 700.3 (Tests and Maintenance). Batteries for on-site generators shall be maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems.

(ii) The scheduled test under load conditions shall include a complete simulated cold start and appropriate automatic and manual transfer of all essential electrical system loads.

(iii) Main and feeder circuit breakers shall be inspected annually, and a program for periodically exercising the components shall be established according to manufacturer’s recommendations.

(iv) The insulation resistance readings of main feeder insulation shall be taken prior to acceptance and whenever damage is suspected.

(v) A competent person shall be responsible for inspection and testing the generator to keep the machines ready to function and, in addition, serve to detect causes of malfunction and to train medical staff in operating procedures. A written record of inspection, performance, exercising period, and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction.

(J) Where the emergency generators and electrical transformers are located within the same area, they shall be located at least 10 feet apart. Additional location requirements shall meet NFPA 99 and NFPA 110. Emergency generators and electrical transformers shall be provided and shall be at least 18 inches above the set base flood plain elevation and shall meet all local flood code ordinances and local flood control requirements and Federal Emergency Management Agency (FEMA) requirements.

(3) An executed transfer agreement contingency plan contract with another licensed ESRD, which provides an operational generator, shall be provided for emergency contingency care for the patients.

(A) Distance between the two licensed ESRDs shall meet HHSC’s Health Facility Licensing unit requirements. The facility’s owner, administrator, or a designee facility staff member managing the project shall provide a letter certifying that one of the licensed ESRDs has an operational generator. A transfer switch shall not be required. Omission of this requirement shall be permitted where only home training services are provided in an ESRD, in accordance with paragraph (4) of this subsection.

(B) During a final architectural inspection, a signed and dated contract shall be provided that indicates the location of the ESRD that receives the transferred patients and shall indicate it is equipped with a permanent generator. The executed contract shall be retained at the licensed ESRD.

(4) Battery pack systems for emergency lighting shall be provided that are separate and independent from the normal electrical power source and shall be effective for a minimum of 90 minutes after loss of the normal electrical power. Battery pack systems shall provide power for the nurse call, the exit signs, at least one light fixture per treatment station, the fire alarm system, and sufficient illumination to allow safe evacuation from the licensed ESRD.

(5) In a multi-tenant building where a licensed ESRD exits into a common lobby, the ESRD shall provide sufficient illumination to allow safe evacuation from the building. The battery pack systems shall be maintained and tested quarterly, and documentation of the testing shall be retained at the licensed ESRD.

(d) Plumbing systems shall be provided in accordance with §520.184 of this chapter (relating to Plumbing Systems). A hemodialysis/hemoperfusion water distribution system shall be prohibited.

(e) Storage of medical gas cylinders shall meet NFPA 99: Health Care Facilities Code. Where piped medical gas is provided, it shall be in accordance with §520.185 of this chapter (relating to Medical Gas and Vacuum Systems).

(f) A nurse call system shall be provided in accordance with §520.186 of this chapter (relating to Nurse Call Systems).

(g) A fire alarm system shall be provided in accordance with §520.188 of this chapter (relating to Fire Alarm System).

(h) Where a fire sprinkler system is required per NFPA 101: Life Safety Code or where provided, it shall be in accordance with §520.189 of this chapter (relating to Fire Sprinkler System).

(i) A special system shall be provided in accordance with §520.190 of this chapter (relating to Special Systems).

(j) An elevator system shall be provided in accordance with §520.191 of this chapter (relating to Elevators).

TITLE 26 HEALTH AND HUMAN SERVICES

PART 1 HEALTH AND HUMAN SERVICES COMMISSION

CHAPTER 520 REQUIREMENTS FOR DESIGN, CONSTRUCTION, AND FIRE SAFETY IN HEALTH CARE FACILITIES

SUBCHAPTER J SPECIFIC REQUIREMENTS FOR HOME TRAINING ONLY END STAGE RENAL DISEASE FACILITIES

§520.801. Purpose and Application.

Where acute and chronic end stage renal hemodialysis home training services are offered to outpatients, a home training end stage renal disease facility (ESRD) shall be provided and shall meet this chapter. This subchapter shall apply to a licensed outpatient end stage renal disease home training ESRD that provides services to train patients on dialysis equipment for home use.

(1) A licensed home training ESRD shall meet the requirements in this subchapter; Subchapter A of this chapter (relating to Introduction), where applicable to an ESRD; and Subchapter B of this chapter (relating to Common Elements for a Licensed Facility), as cross-referenced in this subchapter.

(2) Mobile or transportable medical units shall be prohibited, even where used on a temporary basis. This section shall not apply to mobile or transportable medical units placed into service because of a civil or local emergency or catastrophe as permitted by the Texas Health and Human Services Commission (HHSC).

(3) A home training ESRD may be a modular unit where permanently affixed to the licensed ESRD site and shall meet all requirements of this subchapter.

(4) Where a home training ESRD is in a multi-tenant building, the building systems shall be provided in accordance with Subchapter C, Division 8 of this chapter (relating to Building Systems) for rooms that may be shared, as amended in this section. Rooms that maybe shared are described in §520.10 of this chapter (relating to Shared Spaces), as amended in this section.

(5) Facility parking shall be provided in accordance with §520.36 of this chapter (relating to Parking and Loading).

(6) Facility entrances shall comply with the following requirements.

(A) A home training ESRD shall provide at least two exit egress doors and the main entrance door shall be reachable from grade level. Other exiting requirements shall comply with NFPA 101: Life Safety Code.

(B) In a multi-tenant building, a minimum of one building entrance door shall be reachable from grade level. The home training ESRD entrance may be accessed directly from a building’s main public lobby or the public elevator lobby, however, patients shall not travel through other tenant occupancies.

(C) The building’s main entrance shall be covered with a roof overhang or canopy. It shall extend at least six feet from the face of the exterior wall and at least four feet wide. The covered area shall be clear and unobstructed. In a multi-tenant building, the licensed home training ESRD may share the building’s roof overhang or canopy where it meets the requirements of this subparagraph. The roof overhang or canopy shall provide patients in wheelchairs a covered protection against inclement weather upon entrance into the licensed home training ESRD or the multi-tenant building’s entrance.

§520.802. Patient Care Unit.

Environment of care shall be in accordance with §520.100(a) of this chapter (relating to Environment of Care).

§520.803. Diagnostic and Treatment Units.

(a) A diagnostic and treatment unit shall comply with the following requirements.

(1) The treatment area shall be separate from administrative and waiting areas.

(2) Except for the built-in chase, any other built-in cabinetry shall be prohibited in the clear floor area of the individual hemodialysis patient care stations.

(3) Further area requirements are described in §520.121 of this chapter (relating to General). Clearance, clear dimension, and clear floor area are defined in §520.2 of this chapter (relating to Definitions).

(4) Patient privacy shall be provided in accordance with §520.101(e) of this chapter (relating to General).

(b) Where an examination room is provided, it shall be single-occupant and in accordance with §520.45 of this chapter (relating to Examination Room or Emergency Unit Treatment Room) and comply with the requirements in this section. Hemodialysis treatment or home training services shall be prohibited in an exam room. In a multi-tenant building, this room shall not be shared with another licensed healthcare facility or tenant and this requirement shall apply for both initial and where major renovation is undertaken.

(c) Where patients who have an airborne infection receive hemodialysis treatment, an airborne infection isolation (AII) dialysis room shall be provided in accordance with §520.130(d)(2) of this chapter (relating to Renal Dialysis Services Unit).

(d) At least one single-occupant home training room shall be provided and shall meet the following requirements.

(1) A minimum clear floor area for each patient care room shall be 120 square feet and a minimum clear dimension of 10 feet shall be provided.

(2) A home training room shall have only one home training chair; however, the chair may serve both home peritoneal dialysis (PD) training and home hemodialysis (HH) training. Where dual training services are provided, this count shall be noted on the Texas Health and Human Services Commission (HHSC) Architectural Review Unit (ARU) application and match the name designation indicated on the contract construction documents. Where one home training service exists, and an additional home training service is added in the training room, the room shall meet the requirements of this subsection and the facility shall submit an application package to the HHSC ARU.

(3) This room shall be equipped with or accommodate:

(A) a counter;

(B) a hand-washing station provided in accordance with §520.67 of this chapter (relating to Hand-Washing Station);

(C) a dirty sink shall be provided in accordance with §520.130(c)(8) of this chapter; and

(D) a patient treatment room, and shall meet the requirements of this chapter including Subchapter C, Division 8 of this chapter (relating to Building Systems).

(e) Support areas for a home training unit shall comply with the following requirements.

(1) The service accommodations in this section shall be located outside the patient home training room.

(2) A nurse station shall be provided in accordance with §520.62 of this chapter (relating to Nurse Station); and the nurse station may be combined with the reception area where at least one entrance is directly accessible to the patient corridor.

(3) A medication safety zone shall be provided in accordance with §520.68 of this chapter (relating to Medication Safety Zone).

(4) Where a nourishment area or room is provided, it shall be in accordance with the §520.69 of this chapter (relating to Nourishment Area or Room); and omission of microwave shall be permitted.

(5) Where blankets or other linens are offered, a clean linen storage area, including a covered cart, shall be provided.

(A) A hand-washing station shall be provided in accordance with §520.67 of this chapter (relating to Hand-Washing Station) and located within five feet of the clean linen storage area.

(B) Where a covered cart is used, the stored location shall be out of the path of normal traffic and under staff control.

(6) Where soiled linen is generated, a designated storage space for soiled linen with a dedicated container shall be provided. Soiled linen shall not have a direct connection with clean linen.

(7) An emergency equipment storage space shall be provided in accordance with §520.73(c)(6) of this chapter (relating to Equipment Storage).

(8) An environmental services room shall be provided in accordance with §520.130(e)(8) of this chapter.

(9) Where a dedicated equipment repair holding space is provided, it shall be located out of the path of travel. The facility’s functional program shall note how the equipment is serviced.

(f) Support areas for staff shall comply with the following requirements.

(1) A staff lounge shall be provided in accordance with §520.81 of this chapter (relating to Staff Lounge).

(2) A staff toilet room shall be provided in accordance with §520.82 of this chapter (relating to Staff Toilet Room).

(3) Staff storage shall be provided in accordance with §520.83 of this chapter (relating to Staff Storage). Where only home training services are provided in the licensed ESRD, lockers shall not be required.

§520.804. Patient Support Units.

(a) Where a laboratory area or room is provided, it shall be in accordance with §520.141 (relating to Laboratory Unit) of this chapter. Offsite laboratory services through a contracted accredited laboratory is allowed but shall not be considered a part of the licensed facility.

(b) Where a decentralized laundry room is provided, it shall be in accordance with §520.145(i) (relating to Laundry Unit) of this chapter.

§520.805. General Support Units.

(a) A service entrance shall be provided in accordance with §520.151 of this chapter (relating to Service Entrance).

(b) Where a cart cleaning unit is provided, it shall be in accordance with §520.152 of this chapter (relating to Cart Cleaning Unit).

(c) Where a materials management unit is provided, it shall be in accordance with §520.153 of this chapter (relating to Materials Management Unit).

(d) A waste management unit shall be provided in accordance with §520.154 of this chapter (relating to Waste Management Unit) and may be shared in a multi-tenant building.

(e) An environmental services room shall be provided in accordance with §520.74 of this chapter (relating to Environmental Services Room).

(f) An engineering and maintenance unit shall be provided in accordance with §520.156 of this chapter (relating to Engineering and Maintenance Services). Omission of this requirement shall be permitted where a licensed in-center end stage renal disease facility (ESRD) and a licensed home training ESRD reside in the same building and have the same governing body. However, the home training ESRD shall maintain a copy of its fire drills and disaster drills in its licensed facility and shall be responsible for the upkeep and maintenance of its emergency equipment. When the host ESRD license is voided, the requirements in §520.156 of this chapter shall be provided.

§520.806. Public and Administrative Areas.

(a) Public and administrative areas may have unrestricted access.

(b) Public areas shall be provided in accordance with §520.162 of this chapter (relating to Public Areas) and comply with the following requirements.

(1) Each licensed facility shall provide a public waiting area. It shall be visible from a staff area by direct sight line by staff. Additional waiting areas or rooms and their associated seating needed to support the licensed facility shall be permitted. Public reception and waiting area shall be physically separated from the patient care unit.

(2) Public toilet rooms shall be provided in accordance with §520.162(e) of this chapter.

(c) Administrative areas shall be provided in accordance with §520.163 of this chapter (relating to Administrative Areas); the admission waiting area is not required.

§520.807. Design and Construction Requirements.

(a) Architectural details, surfaces, and furnishings shall be provided in accordance with Chapter C, Division 7 of this chapter (relating to Design and Construction Requirements) and this section.

(b) Doors and door hardware shall be provided in accordance with §520.172(c) of this chapter (relating to Architectural Details); and the main entrance door and door into the in-center training room shall have an opening with a minimum clear dimension of 46.5 inches.

§520.808. Building Systems.

(a) General building systems requirements shall be provided in accordance with §520.181 of this chapter (relating to General).

(b) Heating, Ventilation, and Air-Conditioning systems shall be provided in accordance with §520.182 of this chapter (relating to Heating, Ventilation, and Air-Conditioning Systems).

(c) Electrical systems shall be provided in accordance with §520.183 of this chapter (relating to Electrical Systems), including electrical receptacle requirements in accordance with §520.1207 of this chapter (Electrical Receptacles for Patient Care Areas), and comply with the following requirements.

(1) Where a home training end stage renal disease facility (ESRD) in on a floor other than the grade level, the building shall have a generator to operate the one passenger size elevator.

(2) Where a permanent generator is provided for the home training ESRD, it shall be provided in accordance with §520.706(c)(2) of this chapter (relating to Building Systems).

(3) Where a permanent generator is not provided for the home training ESRD, an executed transfer agreement contingency plan contract shall be provided in accordance with §520.706(c)(3) of this chapter.

(d) Plumbing systems shall be provided in accordance with §520.184 of this chapter (relating to Plumbing Systems). A hemodialysis or hemoperfusion water distribution system shall be prohibited.

(e) Storage of medical gas cylinders shall meet NFPA 99: Health Care Facilities Code. Where piped medical gas is provided, it shall be in accordance with §520.185 of this chapter (relating to Medical Gas and Vacuum Systems).

(f) A nurse call system shall be provided in accordance with §520.186 of this chapter (relating to Nurse Call Systems).

(g) A fire alarm system shall be provided in accordance with §520.188 of this chapter (relating to Fire Alarm System).

(h) Where a fire sprinkler system is required per NFPA 101: Life Safety Code or where provided, it shall be in accordance with §520.189 of this chapter (relating to Fire Sprinkler System).

(i) A special system shall be provided in accordance with §520.190 of this chapter (relating to Special Systems).

(j) An elevator system shall be provided in accordance with §520.191 of this chapter (relating to Elevators).

TITLE 26 HEALTH AND HUMAN SERVICES

PART 1 HEALTH AND HUMAN SERVICES COMMISSION

CHAPTER 520 REQUIREMENTS FOR DESIGN, CONSTRUCTION, AND FIRE SAFETY IN HEALTH CARE FACILITIES

SUBCHAPTER L SPECIFIC REQUIREMENTS FOR MOBILE/TRANSPORTABLE UNITS

§520.1001. General.

(a) The requirements in this subchapter shall be met where a mobile or transportable unit is used on a temporary basis for only non-invasive diagnostic radiography services, food services, or central services and applies to only a licensed general hospital, licensed special hospital, or licensed freestanding emergency medical care facility (FEMC).

(1) The mobile or transportable unit shall minimize the disruption of existing services when medical modalities are taken out of service due to equipment failure or equipment upgrade; or minimize food or central sterile processing services during renovation or remodeling.

(2) The mobile or transportable unit shall not be provided at the licensed facility’s site for a long-term period to determine if the diagnostic radiography modality is needed in the community.

(3) As part of an application submittal to the Texas Health and Human Services Commission Architectural Review Unit (ARU), the facility’s functional program shall explain the use of the mobile or transportable unit and its length of time on the licensed facility’s site. The ARU shall issue application and inspection approvals before any mobile or transportable unit may provide services.

(b) This chapter shall not be applied to a mobile or transportable medical unit placed into service because of a civil or local emergency or catastrophe. This chapter shall not be applied to a modular or relocatable unit (prefabricated unit) that are prefabricated and finished off-site and transported to a permanent foundation at the licensed facility’s site which cannot be readily moved. A prefabricated unit shall meet the specific chapter requirements as it relates to the type of a license facility.

(c) Non-invasive imaging mobile or transportable units shall meet the requirements of a non-invasive imaging room in accordance with §520.129 of this chapter (relating to Imaging Unit).

(d) Food service mobile or transportable units shall meet local health codes.

(e) Central sterile processing shall meet the governing body’s policy.

(f) Certification shall be submitted as part of the application package in one of the following methods:

(1) The manufacturer of the mobile or transportable unit shall provide ARU with drawings of the mobile or transportable unit that have been signed and sealed by a registered architect or a professional engineer; or

(2) A third-party nationally recognized testing laboratory (NRTL) shall provide ARU with a field inspection report certifying the mobile or transportable unit meets specific requirements in this chapter or other certification processes acceptable to ARU.

(g) Electrical installations, including a fire alarm, nurse call, emergency power supply system (EPSS), information technology, and communication systems, shall be tested for compliance during a final architectural inspection. Required documents for those systems as noted in Subchapter C, Division 8 of this chapter (relating to Building Systems) shall be provided during a final architectural inspection. This subsection also applies when a mobile or transportable unit is relocated.

§520.1002. Site.

(a) Access for the mobile or transportable unit to arrive shall be provided.

(1) The mobile or transportable unit shall be parked on a solid, level surface, and safeguards shall be in place adequate to prevent movement of the mobile or transportable unit while in use.

(2) A minimum separation of 25 feet shall be provided between any building outside air intake and any heating, ventilation, and air conditioning (HVAC) or generator exhaust from the mobile or transportable unit.

(3) The location of the mobile or transportable unit and routing of utilities shall avoid interference with appropriate access to and exiting from all occupied areas, including exterior means of egress to a public way.

(4) Use of an exit from the building as an access point to the mobile or transportable unit shall not be permitted unless the exit is designed specifically to serve both functions.

(5) The mobile or transportable unit shall be located to avoid interference with fire lanes and direct access to the host licensed facility by emergency personnel and vehicles during an emergency.

(6) The mobile or transportable unit shall be located to accommodate delivery services being provided to the host licensed facility.

(7) Where the mobile or transportable unit is located near vehicular drives or parking areas, impact barriers shall be provided.

(8) Tractors, cabs, or both that have fuel tanks with a capacity of less than or equal to 100 gallons and that do not support the mobile or transportable unit while it is in use shall be detached and located more than 10 feet from the host licensed facility. Tractors, cabs, or both with fuel capacities greater than 100 gallons shall meet the requirements of NFPA 30: Flammable and Combustible Liquids Code.

(b) The mobile or transportable unit’s location shall not reduce the minimum number of parking spaces required for the host licensed facility.

(c) Access to the mobile or transportable unit shall be provided for wheelchairs, gurneys, stretchers, and patients with walkers.

(1) Where an electric power lift is used to meet this requirement, it shall be connected either to the host licensed facility’s essential electrical system or to the mobile/transportable unit’s essential power supply system.

(2) Stairs or ramps that are not part of the mobile or transportable unit and that provide an entrance into the mobile/transportable unit shall be provided in accordance with the adopted edition of:

(A) building code;

(B) NFPA 101: Life Safety Code; and

(C) Texas Accessibility Standards (2012 TAS): Elimination of Architectural Barriers, Texas Government Code, Chapter 469 for new facilities.

(3) A covered route shall be provided for protection from rain and sleet during transport of patients from the host licensed facility to the mobile or transportable unit.

(A) Where protection to and from the host licensed facility is provided by a fabric-type canopy, the material shall comply with adopted fire codes.

(B) Where provided, fabric (membrane) structures and supporting elements shall be designed to comply with local, state, and federal codes and regulations.

(C) Where provided, a permanent, enclosed passageway from the host licensed facility to the mobile or transportable unit shall be provided in accordance with all building and fire codes and this chapter and separated from the mobile or transportable unit by a fire wall.

(4) Access to the mobile or transportable unit from the host licensed facility shall be marked and lighted. Lights shall be on the essential electrical system.

(5) Where a mobile or transportable unit is parked in a 500-year floodplain, the mobile or transportable unit’s finished floor elevation shall be two feet above the set base floodplain elevation or applicable local and state requirements, whichever is the more stringent.

(d) In geographic areas where freezing temperatures occur, a means of freeze protection shall be provided for each location that requires provision of water and waste services to the mobile or transportable unit.

(1) The mobile or transportable unit shall be provided with power, waste, water, telephone, and fire alarm connections to meet the requirements of the services provided and of state and local codes.

(2) Utility connections, cables, and wires shall be protected by:

(A) concealment in conduits;

(B) burial underground; or

(C) installation overhead.

(e) A mobile or transportable unit pad shall have a level parking area or concrete pad.

(1) Construction of the mobile or transportable unit pad shall:

(A) meet local, state, and seismic codes;

(B) conform to the manufacturer’s requirements; and

(C) support the loads of the mobile or transportable unit.

(2) The mobile or transportable unit shall be secured in place to prevent unintentional movement.

(f) A magnetic resonance imaging (MRI) mobile or transportable unit shall comply with the following requirements for patient safety.

(1) A mobile or transportable unit may replace the existing MRI in the host licensed facility during an MRI upgrade or replacement. Where the host licensed facility does not provide an existing MRI, an MRI mobile or transportable unit shall be prohibited.

(2) Because magnetic fields generated by a MRI mobile or transportable unit may extend beyond the MRI scanner room, a perimeter to restrict entry of all persons who have not been successfully screened for magnetic field contraindications shall be established around all areas in and around the MRI equipment with a static magnetic field of 5 gauss or greater.

(3) Where a mobile/transportable MRI mobile or transportable unit is provided, siting designs shall allow the host licensed facility and mobile or transportable unit, together, to comply with:

(A) §520.129(c)(11)(J) of this chapter;

(B) American College of Radiology (ACR) four-zone access control; and

(C) ACR screening protocols.

(4) For protection of patients, visitors, and health care workers, a licensed facility shall provide areas for:

(A) interviews;

(B) clinical and physical screening;

(C) ferromagnetic detection screening; and

(D) access controls to Zone 3 and Zone 4 areas.

(5) A licensed facility that is unable to comply with §520.129 of this chapter due to physical separation of the mobile or transportable unit from the building, may submit to ARU an assessment of risk regarding the acuity of the patients being served for the MRI procedures for patient safety. The facility’s functional program shall include this assessment and have a certified medical physicist, certified magnetic resonance (MR) Medical Director, certified MR Safety Expert, or certified MR Safety Officer sign and date that portion of the facility’s functional program, as described in §520.129 of this chapter.

§520.1003. Diagnostic and Treatment Unit.

(a) Space requirements for a non-invasive imaging mobile or transportable unit shall comply with the following requirements.

(1) Minimum room dimensions and clearances shall be sized and arranged to accommodate the required equipment and clearances in accordance with the manufacturer’s technical specifications for maintenance, equipment operation, clinician operation, and patient safety. In the absence of such specifications from the manufacturer, the governing body of the host licensed facility shall provide a facility’s functional program with an assessment of risk regarding the acuity of the patients being served and the procedures being provided to assure patient safety.

(2) A mobile or transportable unit shall be provided with a hand-washing station in accordance with §520.67 of this chapter (relating to Hand-Washing Station).

(b) Non-invasive imaging mobile or transportable units shall have a patient care holding area either in it or readily accessible in the host licensed facility.

§520.1004. Patient Support Units.

(a) A patient changing room shall be provided in accordance with §520.77 of this chapter (relating to Patient Changing Room) for a non-invasive imaging mobile or transportable unit.

(b) A patient toilet room shall be provided in accordance with §520.76 of this chapter (relating to Patient Toilet Room) and located either in the non-invasive imaging mobile or transportable unit or in the host licensed facility where it is readily accessible. Omission of the bedpan-rinsing device shall be permitted.

§520.1005. General Support Units.

(a) A clean workroom or clean supply room shall be provided in accordance with §520.71 of this chapter (relating to Clean Workroom or Clean Supply Room) and located either in the non-invasive imaging mobile or transportable unit or in the host licensed facility where it is readily accessible.

(b) A soiled workroom shall be provided in accordance with §520.72 of this chapter (relating to Soiled Workroom or Soiled Holding Room) and located either in the non-invasive imaging mobile or transportable unit or in the host licensed facility where it is readily accessible.

(c) Storage areas for equipment, clean gowns, and supplies shall be provided and located either in the non-invasive imaging mobile or transportable unit it or in the host licensed facility where it is readily accessible.

(1)Storage areas for crash cart shall be located in the mobile or transportable unit. Omission of this requirement shall be permitted for a food service or central sterile mobile or transportable unit.

(2) Storage for oxygen or other gases required for the services shall be provided. Omission of this requirement shall be permitted for a food service or central sterile mobile or transportable unit.

(d) An environmental services closet shall be provided in accordance with §520.74 of this chapter (relating to Environmental Services Room) and located either in the non-invasive imaging mobile or transportable unit or in the host licensed facility where it is readily accessible.

§520.1006. Public and Administrative Areas.

(a) A public waiting area for patients to be received and wait for services shall be provided either in the mobile or transportable unit or in the host licensed facility where it is readily accessible.

(b) Public toilet rooms shall be provided in accordance with §520.162(e) of this chapter (relating to Public Areas) and shall be readily accessible to the mobile or transportable unit.

§520.1007. Design and Construction Requirements.

(a) A mobile or transportable unit shall meet the requirements in Subchapter C, Division 7 of this chapter (relating to Design and Construction Requirements) for the type of service provided.

(b) Stairs for mobile or transportable unit shall comply with NFPA 101: Life Safety Code for new facilities. Handrails shall be provided in accordance with NFPA 101: Life Safety Code, except that the distance from grade to mobile or transportable unit’s floor height shall not be greater than four feet five inches, and one intermediate handrail with a clear distance between rails of 19 inches maximum shall be permitted.

§520.1008. Building Systems.

(a) Heating, ventilation, and air-conditioning (HVAC) systems shall comply with the requirements in §520.182 of this chapter (relating to Heating, Ventilation, and Air-Conditioning Systems), and shall comply with the following requirements.

(1) HVAC equipment, ductwork, and related equipment shall be installed in accordance with NFPA 90A: Standard for the Installation of Air-Conditioning and Ventilating Systems.

(2) Non-invasive imaging mobile or transportable units shall be prohibited from providing invasive diagnostic and treatment services.

(3) All outdoor air intakes and exhaust discharges shall meet the requirements of ASHRAE 170.

(4) Air intake for a mobile or transportable unit shall be located a minimum of 25 feet from all plumbing vents, exhaust fans, sources of combustion, idling vehicles, and any other sources of noxious fumes or odors. This distance shall be increased if prevailing wind patterns dictate this is appropriate.

(b) Electrical systems shall meet the following requirements.

(1) A non-invasive imaging mobile or transportable unit shall meet the requirements of NFPA 99: Health Care Facilities Code and NFPA 70: National Electrical Code for the building system category provided in the unit.

(2) A non-invasive imaging mobile or transportable unit shall have an essential power supply system (EPSS) in accordance with NFPA 110: Standard for Emergency and Standby Power Systems or be connected to the host licensed facility’s EPSS. Requirements are described in §520.183(b) of this chapter (relating to Electrical Systems).

(3) A non-invasive imaging mobile or transportable unit, electrical material and equipment, including conductors, controls, and signaling devices shall meet the requirements of NFPA 99: Health Care Facilities Code and NFPA 70: National Electrical Code for the building system category provided in the unit.

(4) For a non-invasive imaging mobile or transportable unit that is not connected to the host licensed facility’s essential electrical system, a Level I EPSS for hospitals or Level II EPSS for a freestanding emergency medical care facility (FEMC) shall be provided in accordance with the requirements of NFPA 110: Standard for Emergency and Standby Power Systems and §520.183(b) of this chapter.

(A) The host licensed facility shall provide documentation showing that emergency generators that are an integral part of the mobile or transportable unit have been tested and inspected as required by NFPA 110: Standard for Emergency and Standby Power Systems. Documentation of such testing shall be maintained for the mobile or transportable unit.

(B) Fuel storage shall be provided at the host licensed facility’s site for enough fuel to run an on-board emergency generator continuously for at least eight hours or tied to the host licensed facility’s generator.

(C) Emergency exit lighting and exit signs shall be provided by lighting fixtures powered by the EPSS.

(5) Fixed x-ray equipment installations shall be installed in accordance with the requirements of NFPA 70: National Electrical Code.

(6) Receptacles shall be installed in accordance with §520.183(k) of this chapter.

(c) Plumbing systems shall comply with the following requirements.

(1) Plumbing and other piping systems shall be installed in accordance with applicable plumbing codes, of this unless required in Subchapter C, Division 8 of this chapter (relating to Building Systems).

(A) Water and sanitary lines to and from the mobile or transportable unit shall have a means of freeze protection as required by the geographic location of the host licensed facility.

(B) Backflow prevention shall be provided at the point of water supply connection on the mobile or transportable unit.

(C) All waste lines shall discharge into the host licensed facility’s sanitary sewage system or directly into the utility sewage system.

(2) Plumbing venting through the roof shall not be required for hand-washing stations in mobile or transportable units. Waste lines shall be permitted to be vented through the sidewalls or other locations that meet the plumbing code.

(d) Where medical gas and suction systems are provided, they shall meet the requirements in:

(1) §520.1209 of this chapter (relating to Station Outlets for Oxygen, Vacuum, Medical, and Instrument Air Systems in Hospitals); and

(2) NFPA 99: Health Care Facilities Code for the building system category provided in the mobile or transportable unit.

(e) Communications systems shall comply with the following requirements.

(1) A means shall be provided for connecting the mobile or transportable unit to the host licensed facility’s emergency communication system.

(2) Nurse call system devices shall be provided in accordance with §520.1208 of this chapter (relating to Locations for Nurse Call Devices for Patient Care Areas).

(3) A telephone shall be in the mobile or transportable unit to communicate directly with the host licensed facility’s public branch exchange or its continually staffed location.

(f) A fire alarm system and fire protection equipment shall comply with the following requirements.

(1) A fire alarm notification shall be provided between both the mobile or transportable unit and the host licensed facility. Where an interior connection is provided, the connecting link, passageway, or both, shall be equipped with fire alarm systems and with smoke detection as required by NFPA 101: Life Safety Code as it relates to the host licensed facility’s occupancy type.

(2) At least one manual pull station shall be provided in the mobile or transportable unit or in the interior connecting passageway where the mobile or transportable unit attaches to the building in accordance with NFPA 72: National Fire Alarm and Signaling Code.

(3) A manual fire extinguisher shall be provided in accordance with NFPA 10: Standard for Portable Fire Extinguishers.

TITLE 26 HEALTH AND HUMAN SERVICES

PART 1 HEALTH AND HUMAN SERVICES COMMISSION

CHAPTER 520 REQUIREMENTS FOR DESIGN, CONSTRUCTION, AND FIRE SAFETY IN HEALTH CARE FACILITIES

SUBCHAPTER M REFERENCE TABLES

§520.1201. Categorization of Licensed Facility Sites by Exterior Ambient Sound for Sound Isolation of Exterior Shell in New Construction.

Figure: 26 TAC §520.1201

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Exterior Site Noise Exposure Category | | | | |
|  | A | B | C | D |
| General description | Minimal | Moderate | Significant | Extreme |
| Outdoor day-night average sound level during (Ldn) (dBA)1 | < 65 | 65–69 | 70–74 | ≥ 75 |
| Outdoor average hourly nominal maximum sound level (L01)2 (dBA) | < 75 | 75–79 | 80–84 | ≥ 85 |
| Design Criteria for Sound Isolation of Exterior Shell in New Construction3 | | | | |
| Minimum exterior shell composite sound transmission rating3, 4, 5 | OITCc: 25  *or*  STCc: 35 | OITCc: 30  *or*  STCc: 40 | OITCc: 35  *or*  STCc: 45 | OITCc: 40  *or*  STCc: 50 |

1 By definition, the day-night average sound level (Ldn) includes the A-weighting and nighttime penalty.

2 L01 is the sound level exceeded 1 percent of the time.

3 The exterior shell composite ratings are for closed windows. Opening windows effectively reduces shell composite OITC or STC ratings 10 to 15, depending on the amount windows are opened.

4 The exterior shell composite sound transmission ratings for interior spaces that are not acoustically sensitive (e.g., corridors, atriums, stairways) shall be permitted to be reduced by as much as 10 dB but shall be no less than OITCc 25 or STCc 35.

5 For rooms with a roof-ceiling assembly as part of the composite shell, the complete shell (including the roof) shall meet the requirements of the table in all cases. Where significant sound sources are located above the roof level (such as aircraft or mechanical equipment on roofs) or where the roof is exposed to sound from adjacent noise sources, either the minimum composite OITC or STC of the complete shell (including the roof) shall be 5 points greater than shown in the table or the minimum composite OITC or STC of the roof-ceiling assembly itself shall be at least 10 points greater than shown in the table with the façade composite rating (walls and windows) meeting the minimum requirements in the table.

§520.1202. Minimum Design Room-Average Sound Absorption Coefficients.

Figure: 26 TAC §520.1202

|  |  |
| --- | --- |
| Minimum Room-Average Sound Absorption Coefficients | |
| Space1 | Design Coefficient2 |
| Single occupant patient room | 0.15 |
| Multi-occupant patient room | 0.15 |
| Corridor (near patient care areas) | 0.15 |
| Medication safety zone | 0.15 |
| Nurse station | 0.15 |
| Waiting area (near patient area) | 0.25 |
| Atrium | 0.10 |
| Office | 0.15 |
| Examination room | 0.15 |
| Treatment room | 0.15 |
| Procedure room | 0.15 |
| Invasive room/operating room | —3 |

1 Additional spaces shall be added based on the licensed facility's functional program.

2 Use the noise reduction coefficient (NRC) rating for estimating the design room-average sound absorption coefficient when using this table.

Note: A surface is a permanent surface where the sound-absorbing panel is attached using mechanical means.

§520.1203. Maximum Design Criteria for Noise in Interior Spaces Caused by Building Systems.

Figure: 26 TAC §520.1203

|  |  |  |
| --- | --- | --- |
| Maximum Noise in Interior Spaces Caused by Building Systems1 | | |
| Room Type | NC / RC(N) / RNC 2,3 | dBA |
| Patient Care Units | | |
| Single occupant patient room | 40 | 45 |
| Multi-occupant patient room | 45 | 50 |
| NICU sleep area | 30 | 35 |
| NICU staff | 35 | 40 |
| Diagnostic and Treatment Locations | | |
| Multiple-occupant patient care room | 45 | 50 |
| Examination/treatment room | 40 | 45 |
| Procedure room | 40 | 45 |
| Non-invasive imaging room | 40 | 45 |
| Operating room/ invasive imaging room | 50 | 55 |
| Support Areas | | |
| Medication safety zone | 40 | 45 |
| Testing/research lab, minimal speech | 55 | 60 |
| Research lab, extensive speech | 50 | 55 |
| Group teaching lab | 45 | 50 |
| Public Areas | | |
| Corridor and public area | 45 | 50 |
| Conference room | 35 | 40 |
| Teleconferencing room | 25 | 30 |
| Auditorium, large lecture room | 30 | 35 |
| Administrative Areas | | |
| Private office | 40 | 45 |

1 Additional spaces shall be added based on the building program.

2 One rating system shall be chosen to evaluate room noise levels, and noise from building mechanical systems shall be evaluated using that same rating system.

3 Spaces shall be designed to fall below the maximum values shown in this table with no rattles or tonal characteristics.

§520.1204. Design Criteria for Minimum Sound Isolation Performance Between Enclosed Rooms.

Figure: 26 TAC §520.1204

|  |  |  |
| --- | --- | --- |
| Minimum Sound Isolation Performance Between Enclosed Rooms1 | | |
| Adjacency Combination | | STCc2 |
| Patient Care Units | | |
| Patient room | Corridor (with entrance) | 353 |
| Patient room | Patient room (wall–same floor) | 454 |
| Patient room | Patient room (floor–to–floor) | 50 |
| Patient room | Consultation room | 50 |
| Patient room | Public space | 50 |
| Patient room | Service area | 605 |
| Patient room | MRI room | 605 |
| Diagnostic and Treatment Locations | | |
| Examination room | Corridor (with entrance) | 353 |
| Examination room | Examination room (with electronic masking) | 406 |
| Examination room | Examination room (no electronic masking) | 50 |
| Examination room | Public space | 50 |
| Examination room | MRI room | 605 |
| Treatment room | Corridor (with entrance) | 353 |
| Treatment room | Treatment room | 50 |
| Operating room | Operating room | 50 |
| Operating room | MRI scanner room | 605, 7 |
| Consultation room | Public space | 50 |
| Consultation room | Corridor (with entrance) | 353 |
| Public Areas | | |
| Toilet room | Public space | 45 |
| Public space | MRI scanner room | 50 |

1 Additional spaces shall be added based on the building program.

2 The STC values stated assume the need for normal speech privacy as shown in Table [1.2-7](http://www.madcad.com/library/230687/664156/" \l "table-1.2-7) (Design Criteria for Speech Privacy for Enclosed Rooms and Open-Plan Spaces)--except at corridor walls with doors--assuming a background sound level of at least 30 dBA.

3 In cases where greater speech privacy is required between patient care rooms when both room doors to the connecting corridor are closed, the composite demising wall performance requirement shall be STCc 50.

4 This shall be the performance required for the wall around the door. Note that sound isolation in these instances will be limited by the door's performance (e.g., STC 20 for a close-fitted 5-PSF door). It is up to the Licensed Facility to determine where doors require a higher acoustic performance or where full perimeter gasketing and bottom seals shall be required. Doors are not required to be sound sealed to maintain the STC rating, although a Licensed Facility may elect to do so for specialty patient environments such as bereavement rooms, consultation rooms, sleep therapy rooms, etc.

5 Relaxation of STC 60 ratings shall be permitted where compliance with room noise requirements is achieved with lower performance constructions. Refer to Figure: 26 TAC §520.1203 (relating to Maximum Design Criteria for Noise in Interior Spaces Caused by Building Systems).

6 Electronic masking shall provide a maximum background level of 48 dBA.

7 This requirement is for operating rooms without doors directly communicating with the MRI scanner room as the STC value shown cannot be achieved when there is a door between an adjacent OR and an MRI scanner room. However, where there is a connecting door, attention shall be paid to the door to assure sound isolation when the MRI is used independently from the operating room.

Note: This table shall not be applied to a mobile or transportable unit.

§520.1205. Design Criteria for Speech Privacy for Enclosed Rooms and Open-Plan Spaces.

Figure: 26 TAC §520.1205

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Design Criteria for Speech Privacy for Enclosed Rooms and Open-Plan Spaces1, 2 | | | | |
| Level | Metrics | | | |
| *Speech Privacy—Closed Plan* | PI | AI | SII | SPC |
| Secure | N/A | N/A | N/A | ≥70 |
| Confidential | ≥95% | ≤0.05 | ≤0.10 | 60–69 |
| Normal | 80–94% | 0.06–0.20 | 0.11–0.25 | 52–59 |
| Defining standard | ASTM E1130 | ASTM E1130 | ANSI S3.5 | ASTM E2638 |
| *Speech Privacy—Open Plan* | PI | AI | SII | SPC |
| Normal | 80–94% | 0.06–0.20 | 0.11–0.25 | 52–59 |
| Marginal | 60–79% | 0.21–0.40 | 0.26–0.45 | 45–51 |
| Defining standard | ASTM E1130 | ASTM E1130 | ANSI S3.5 | ASTM E2638 |

1 The indicated AI and SII values shall be the maximum accepted values. The indicated PI and SPC values shall be the minimum accepted values.

2 Equivalence among these metrics, as indicated, has been demonstrated. However, some of the metrics may not be suitable for a particular space. The referenced standards indicate that PI and SI are appropriate for use in open-plan spaces and that SPC is appropriate for closed-plan spaces. The referenced standard for SII indicates it may be used for either type of space.

§520.1206. Maximum Limits on Floor Vibration Caused by Footfalls in Hospitals.

Figure: 26 TAC §520.1206

|  |  |
| --- | --- |
| Maximum Limits on Floor Vibration Caused by Footfalls in Hospitals | |
| Space Type | Footfall Vibration Peak Velocity (micro-in/s) |
| Patient room and other patient areas | 6000 |
| Treatment room | 6000 |
| Examination room | 8000 |
| Non-invasive imaging room | 8000 |
| Procedure room | 4000 |
| Operating room/ invasive imaging room | 4000 |
| Administrative areas | 8000 |
| Public circulation areas | 8000 |

Notes:

1. Higher vibration criteria are less stringent and vice versa.

2. The vibration criteria in this table do not apply to renovation projects unless new equipment being installed has more stringent vibration limits.

3. The vibration criteria in this table does not apply to a mobile or transportable unit.

§520.1207. Electrical Receptacles for Patient Care Areas.

Figure: 26 TAC §520.1207

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Electrical Receptacles for Patient Care Areas | | | | |
|  | | Location | Number of Single Receptacles1 | Receptacle Locations |
| PATIENT BED LOCATIONS | | | | |
|  | AII room2 | | 12 | 2 at each side of the head of the bed  2 on all other walls  1 for a television, if used  1 for each motorized bed |
|  | Medical/surgical unit patient room2 | |
|  | Protective environment room2 | |
|  | Intermediate care unit patient room | |
|  | Postpartum unit patient room2 | |
|  | Pediatric and adolescent unit patient room2 | |
|  | Rehabilitation unit patient room | |
|  | Debridement Room | | 12 | Convenient3 to head of gurney or bed |
|  | Critical care unit (CCU) patient room | | 16 | Convenient3 to head of bed with one on each wall |
|  | Pediatric critical care unit patient room | |
|  | Neonatal intensive care unit (NICU) patient care station | |
|  | LDR/LDRP room | | 16 | 8 convenient3 to head of mother’s bed  4 convenient3 to each bassinet with one on each wall |
|  | Newborn nursery patient care station | | 4 | Convenient3 to each bassinet |
|  | Continuing care nursery patient care station | | 5 | Convenient3 to head of each bed, crib, or bassinet. At least 50% of these outlets shall be connected to emergency system power and be so labeled. |
|  | Psychiatric nursing unit | | No minimum |  |
| DIAGNOSTIC AND TREATMENT AREAS | | | | |
|  | Examination room  Non-invasive imaging room | | 8 | 4 convenient3 to head of gurney or bed or on each lateral side of the imaging gantry |
|  | Cesarean delivery room | | 304 | 16 convenient3 to table placement  2 on each wall  6 in the infant care area |
|  | Treatment room for basic emergency services | | 12 | Convenient3 to head of gurney or bed |
|  | Triage area or room in the emergency unit | | 8 | Convenient3 to head of gurney or bed. At least 50% of these outlets shall be connected to emergency system power and be so labeled. |
|  | Emergency unit treatment room | | 16 | Convenient3 to head of gurney or bed |
|  | Trauma/resuscitation emergency room | | 16 | Convenient3 to head of gurney or bed |
|  | Observation unit patient care station | | 8 | 4 convenient3 to head of gurney or bed |
|  | Procedure room (including endoscopy) and  Non-invasive imaging room | | 124 | 8 convenient3 to table placement with at least one on each wall |
|  | Operating room/invasive imaging room | | 364 | 16 convenient3 to table placement  2 on each wall |
|  | Hemodialysis patient care stations | | 8 | 4 on each side of a patient bed or recliner. Two on each side of the bed shall be connected to emergency power. |
| POST-ANESTHESIA CARE LOCATIONS | | | | |
|  | Phase I post-anesthetic care (PACU) patient care station | | 16 | Convenient3 to head of gurney or bed |
|  | Pre-procedure patient care station  Phase II recovery patient care station | | 8 | Convenient3 to gurney, recliner, or bed |

1 Permanently installed single, duplex, or fourplex receptacles or a combination of these shall be permitted. Receptacles in relocatable power taps or mounted on portable equipment shall not be counted as part of the total minimum requirement.

2 Omission of receptacles from exterior walls in patient rooms shall be permitted where construction or room configuration makes installation impractical.

3 “Convenient” in this table means the cords from the equipment to be used in the room shall reach the receptacles without causing a trip hazard.

4 The number of receptacles for these spaces is intended to agree with the number required in the governing edition of NFPA 99: Health Care Facilities Code.

Notes:

1. Some outlets shall be on emergency power and some on normal power at the head of patient beds and in operating rooms, cesarean delivery rooms, and trauma or resuscitation emergency rooms in case of transfer switch failure.

2. Each patient bed location or procedure room shall be supplied by at least two branch circuits, one from the essential electrical system and one or more from the normal system. Critical care locations served from two separate transfer switches on the essential electrical system shall not be required to have separate circuits from the normal system.

3. Branch circuits serving only special purpose receptacles or equipment in critical care areas shall be permitted to be served by other panelboards.

4. An additional outlet shall be provided for a television if one is furnished in the room.

5. At least one dedicated circuit shall be provided to each critical care patient location.

6. Open heart post-anesthesia recovery spaces require more receptacles than those specified in this table as determined by the governing body.

7. Where patient care areas and rooms are not provided in the above chart, the receptacle count shall meet the 2018 edition of NFPA 99: Health Care Facilities Code, except in LDRP and Post-Partum rooms, at the well-baby station, 4 receptacles shall be provided.

8. Where a countertop is provided for patient care support areas, each worktable or counter shall provide access to one duplex receptacle for every six feet of table or counter space or fraction thereof.

§520.1208. Locations for Nurse Call Devices for Patient Care Areas.

Figure: 26 TAC §520.1208

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| KEY: X is Required  Locations for Nurse Call Devices for Patient Care Areas | | | | | |
|  | Staff Assistant Device | |  |  |  |
| Location | Bedside | Pull String | Emergency Call Station  (Code Blue) | Duty Station | Notes |
| NURSING UNITS |  |  |  |  |  |
| Medical/surgical unit patient bed, includes oncology & medical/psych bed | x |  | x |  | 1, 3 |
| Pediatric care unit patient bed | x |  | x |  | 3, 4 |
| Intermediate care unit patient bed |  |  |  |  |  |
| Critical care unit patient bed | x |  | x |  | 3, 4 |
| Pediatric and adolescent unit patient bed | x |  | x |  | 1, 3 |
| Neonatal intensive care unit patient bassinet |  |  | x |  | 1, 4, 5 |
| Continuing care nursery |  |  | x |  |  |
| Newborn nursery |  |  | x |  | 1, 3, 4 |
| Antepartum room | x |  | x |  | 3 |
| LDR/LDRP/Post-Partum room | x |  | x |  | 3 |
| Infant resuscitation space (LDR/LDRP) |  |  | x |  |  |
| Psychiatric unit patient bed | x |  |  |  |  |
| Alzheimer's and other dementia unit patient bedroom | x |  |  |  | 3 |
| In-hospital skilled nursing unit patient bed | x |  | x |  | 1, 3 |
| Palliative care unit patient bed | x |  | x |  | 1, 3 |
| MIBG care unit patient bed | x |  | x |  | 1, 3 |
| Comprehensive medical rehabilitation care unit patient bed | x |  | x |  | 1, 3 |
| Patient toilet, shower, bathroom |  | x |  |  |  |
| Tub locations, including hydrotherapy tub, birthing tub, sitz baths, etc. |  | x |  |  |  |
| Central bathing |  | x | x |  |  |
| Debridement bathing room |  |  | x |  |  |
| SUPPORT AREAS IN NURSING UNITS | UNITS |  |  |  |  |
| Nurse station |  |  |  |  |  |
| Documentation area or other charting facilities |  |  |  | x |  |
| Multipurpose room |  |  |  | x |  |
| Medication safety zone |  |  |  | x |  |
| Nourishment area or room |  |  |  | x |  |
| Clean workroom |  |  |  | x |  |
| Clean holding room |  |  |  | x |  |
| Clean supply room |  |  |  | x |  |
| Soiled workroom |  |  |  | x |  |
| Soiled holding room |  |  |  | x |  |
| Clean linen storage room |  |  |  | x |  |
| Equipment storage room in a patient care area |  |  |  | x |  |
| DIAGNOSTIC & TREATMENT AREAS | AREAS |  |  |  |  |
| Examination room, not in Emergency Unit | x |  | x |  |  |
| Seclusion room |  |  |  |  |  |
| Imaging unit holding patient station | x |  | x |  |  |
| Non-invasive imaging room | x |  | x |  |  |
| Pre-procedure patient care area or room | x |  | x |  | 1, 3 |
| Phase 1 post-anesthetic (PACU) patient care station | x |  | x |  | 3, 4 |
| Phase II recovery patient care station | x |  | x |  | 1, 3 |
| Cesarean delivery room |  |  | x |  |  |
| Infant resuscitation space (cesarean delivery) |  |  | x |  |  |
| Recovery space for cesarean delivery | x |  | x |  |  |
| Emergency treatment room, examination room, triage area, SANE room | x |  | x |  | 1, 4 |
| Observation unit patient care station, excluding psychiatric observation unit | x |  | x |  | 3 |
| Trauma/resuscitation room |  |  | x |  |  |
| Plaster and cast room | x |  | x |  |  |
| Emergency unit decontamination/shower room |  |  | x |  |  |
| Procedure room (including endoscopy) |  |  | x |  | 4 |
| Non-invasive imaging room |  |  | x |  | 4 |
| Operating room/ invasive imaging room |  |  | x |  |  |
| Hyperbaric pre- and post-procedure patient care area | x |  | x |  |  |
| Patient changing area, including toilet room |  | x |  |  |  |
| Electroconvulsive therapy (ECT) treatment room |  |  | x |  |  |
| ECT pre-procedure patient care station | x | x | x |  | 3 |
| ECT recovery patient care station | x |  | x |  | 3 |
| Renal dialysis unit waiting room |  | x |  |  | 6 |
| Dialysis treatment | x |  | x |  | 3 |

Notes:

1. One device shall be permitted to accommodate patient station, emergency call, and staff assistance station functionality.

2. Where a secure holding room is used as a treatment or exam room, the bedside staff assistance device shall be secured when the room is used as a secure holding.

3. Two-way voice communication shall be provided with the nurse or control station.

4. One device shall be permitted to accommodate both staff assistance and emergency station functionality.

5. A patient station shall not be required in the neonatal intensive care unit (NICU), continuing care nursery and newborn nursery.

§520.1209. Station Outlets for Oxygen, Vacuum, Medical Air, and Instrument Air Systems.

Figure: 26 TAC §520.1209

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Station Outlets for Oxygen, Vacuum (Suction), Medical Air, and Instrument Air Systems1 | | | | | | |
| Location | Oxygen | Vacuum | Medical Air | WAGD | Instrument Air | Notes |
| NURSING UNITS |  |  |  |  |  |  |
| Medical/surgical unit patient bed, includes oncology & medical/psych bed | 1/bed | 1/bed | - | - | - |  |
| Pediatric and adolescent unit patient bed | 1/bed | 1/bed | 1/bed | - | - |  |
| Intermediate care unit patient bed | 2/bed | 2/bed | 1/bed | - | - |  |
| Critical care unit patient bed | 3/bed | 3/bed | 1/bed | - | - |  |
| Pediatric care unit patient bed | 1/bed | 1/bed |  | - | - |  |
| Neonatal intensive care unit patient bassinet | 3/bassinet | 3/bassinet | 3/bassinet | - | - |  |
| Continuing care nursery | 1/bassinet | 1/bassinet | 1/bassinet | - | - |  |
| Newborn nursery | 1/bassinet | 1/bassinet | 1/bassinet | - | - | 5 |
| Antepartum room | 1/bed | 1/bed |  | - | - |  |
| LDR/LDRP/Post-Partum room | 1/bed | 1/bed |  | - | - |  |
| Infant resuscitation space (LDR/LDRP) | 3/bassinet | 3/bassinet | 3/bassinet | - | - | 4 |
| Psychiatric unit patient bed | - | - | - | - | - |  |
| In-hospital skilled nursing unit patient bed | 1/bed | 1/bed | - | - | - |  |
| Palliative care unit patient bed | 1/bed | 1/bed |  | - | - |  |
| MIBG care unit patient bed | 2/bed | 2/bed | 1/bed | - | - |  |
| Comprehensive medical rehabilitation care unit patient bed | 1/bed | 1/bed | - | - | - |  |
| Debridement bathing room | 1/bed | 1/bed | - | - | - |  |
| DIAGNOSTIC & TREATMENT AREAS |  |  |  |  |  |  |
| Examination room, including SANE room | 1/room | 1/room | - | - | - |  |
| Imaging unit holding patient station | 1/station | 1/station | - | - | - |  |
| Non-invasive imaging room | 1/room | 1/room | - | - | - |  |
| Pre-procedure patient care area or room | - | - | - | - | - |  |
| Phase 1 post-anesthetic (PACU) patient care station | 2/station | 3/station | 1/station |  |  |  |
| Phase II recovery patient care station | 1/station | 1/station | - | - | - | 6 |
| Cesarean delivery room | 2/room | 4/room | 1/room | - | - |  |
| Infant resuscitation space (cesarean delivery | 3/bassinet | 3/bassinet | 3/bassinet | - | - |  |
| Recovery space for cesarean delivery | 1/bed | 3/bed | 1/bed | - | - |  |
| Emergency treatment room, triage area | 1/station | 1/station |  | - | - |  |
| Trauma/resuscitation room | 2/station | 3/station | 1/station | - | - |  |
| Plaster and cast room | 1/room | 1/room | - | - | - |  |
| Observation unit patient care station, excluding psychiatric observation unit | 1/room | 1/room | - | - | - |  |
| Procedure room | 2/room | 2/room | 1/room | - | - |  |
| Endoscopy procedure room | 1/room | 3/room | - | - | - |  |
| Endoscopy pre- and post-procedure patient care area | 1/station | 1/station | - | - | - | 7 |
| Non-invasive imaging room | 2/room | 2/room | 1/room | - |  |  |
| Operating room/ invasive imaging room | 2/room | 5/room | 1/room | 1/room | 1/room | 2 |
| Hyperbaric pre- and post-procedure patient care area | 2/station | 2/station | - | - | - | 8, 9, 11 |
| Patient decontamination/shower | - | - | - | - | - |  |
| Patient changing area, including toilet room | - | - | - | - | - |  |
| Electroconvulsive therapy (ECT) treatment room | 1/room | 1/room | - | - | - |  |
| ECT pre-procedure patient care station | - | - | - | - | - |  |
| ECT recovery patient care station | - | - | - | - | - |  |
| Dialysis treatment | - | - | - | - | - |  |
| GENERAL SUPPORT AREAS |  |  |  |  |  |  |
| Two-room sterile processing: Decontamination room | - | - | - | - | - | 9, 10, 11 |
| Two-room sterile processing: Clean workroom | - | - | - | - | - | 9, 10, 11 |
| One-room sterile processing: | - | - | - | - | - | 9, 10, 11 |
| Decontamination area  Clean work area | - | - | - | - | - | 9, 10, 11 |
| Autopsy room | - | 1/station | - | - | - |  |
| Endoscope processing room decontamination area | - | - | - | - | - | 8, 9, 11 |
| Endoscope processing room clean work area | - | - | - | - | - | 8, 9, 11 |

1 For any area or room not included in this table, the Architectural Review Unit shall provide the station outlet requirements.

2 WAGD stands for “waste anesthesia gas disposal” system.

3 Where infant resuscitation takes place in a room such as a cesarean delivery room or an LDRP room, infant resuscitation services shall be provided in that room in addition to the minimum service required for the mother.

4 Four bassinets shall be permitted share one outlet where accessible to each bassinet.

5 If the Phase II recovery area is combined with the PACU, three vacuum outlets per bed or station shall be provided.

6 A portable source shall be available for the space.

7 Vacuum and instrument air shall be provided if needed for the cleaning methods used.

8 Use of portable equipment in lieu of a piped gas system shall be permitted.

9 In the one-room sterile processing room and the clean workroom of the two-room sterile processing room, an instrument air outlet or portable compressed air shall be provided as required by the equipment used. In the decontamination room of the two-room sterile processing room, an instrument air outlet or portable compressed air is required. The compressed air required for the decontamination room shall not be connected to the medical air piping distribution system such as supporting breathable air for respiratory assistance needs, anesthesia machines, intermittent positive pressure breathing machine (IPPB), etc. A separate compressed air supply source shall be permitted for maintenance and equipment needs.

10 NFPA 99: Health Care Facilities Code permits the use of portable medical compressed air for single applications. Where cylinders are used for non-respiratory purposes, such as air for blowing down scopes or running decontamination equipment, NFPA 99: Health Care Facilities Code shall be met for cylinder air quality, placement, and handling.

11 Use of portable equipment in lieu of a piped gas system shall be permitted at private psychiatric hospital or a crisis stabilization unit (CSU).

§520.1210. Hot Water Use.

Figure: 26 TAC §520.1210

|  |  |  |  |
| --- | --- | --- | --- |
| Hot Water Use | | | |
|  | Clinical | Dietary | Laundry |
| Liters per hour per bed1 | 11.9 | 7.2 | 7.6 |
| Gallons per hour per bed1 | 3 | 2 | 2 |
| Temperature (oC) | 41-492 | 493 | 714 |
| Temperature (oF) | 105-1202 | 1203 | 1604 |

1 Quantities indicated for design demand of hot water are for general reference minimums and shall not substitute for accepted engineering design procedures using actual number and types of fixtures to be installed. Design will also be affected by temperatures of cold water used for mixing, length of run and insulation relative to heat loss, etc. As an example, the total quantity of hot water needed will be less when the temperature available at the outlet is very nearly that of the source tank and the cold water used for tempering is relatively warm.

2 The range represents the maximum and minimum allowable temperatures.

3 Provisions shall be made to provide 180oF rinse water at warewasher (may be by separate booster) unless a chemical rinse is provided.

4 Provisions shall be made to provide 160oF hot water at the laundry equipment where needed. This may be by steam jet or separate booster heater. However, it is emphasized that this does not imply that all water used would be at this temperature. Water temperatures required for acceptable laundry results will vary according to type of cycle, time of operation, and formula of soap and bleach as well as type and degree of soil. Lower temperatures may be adequate for most procedures but the higher 160oF shall be available when needed for special conditions.

§520.1211. Sound Transmission Loss or Attenuation Through Horizontal and Vertical Barriers in Neonatal Intensive Care Units.

Figure: 26 TAC §520.1211

|  |  |  |
| --- | --- | --- |
| Adjacency combination | | STCc |
| NICU | Pedestrian-only corridor | 45 |
| NICU | Equipment corridor | 55 |
| NICU | Infant area | 40 |
| NICU | Reception | 55 |
| NICU | Meeting room with amplified sound | 55 |
| NICU | Staff work area | 55 |
| NICU | Administrative office, conference | 45 |
| NICU | Non-related area | 50 |
| NICU | Mechanical area | 60-65 |
| NICU | Electrical area | 50-55 |

Adapted from J. B. Evans and M. K. Philbin, “Facility and operations planning for quiet hospital nurseries” in *Journal of Perinatology* 2000; 20(8):S105-12. Used with permission.